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ABSTRACT

Information for this manual was gathered through eight allied health organizations which provided 171 representatives to participate in six regional workshops at which consultants, faculty, and project staff presented concepts and materials on how to evaluate the quality of an allied health education program. Participants subsequently participated in a site evaluation and further workshops to evaluate the process and designate materials for inclusion in this manual. The manual was designed for individual on-site evaluation team members, and includes step-by-step procedures for program evaluation in the fulfillment of minimal educational objectives as stated in standards. The background, training, experience, attitudes, knowledge, skills, and physical factors characteristic of an effective program evaluator are discussed. Standards for accreditation, accreditation agencies and programs, as well as the features of an evaluation system are also outlined. These include commitment of those involved in the system, the evaluation of a whole program rather than isolated segments, involvement of significant groups at each stage of the evaluation process, and adaptability of systems to program variations. The characteristics of and procedures for program self-study are also outlined. Suggested readings are included and information concerning evaluation criteria, accreditation procedures and practices, program essentials, site visit forms, applications for accreditation with self evaluation, and procedures regarding adverse decisions are appended. (Author/JAC)

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SPECIALIZED PROGRAM EVALUATOR MANUAL (SPEM)

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THE MANUAL

SUBMITTED TO:

DIVISION OF ASSOCIATED HEALTH PROFESSIONS
BUREAU OF HEALTH MANPOWER
HEALTH RESOURCES ADMINISTRATION
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Specialized Program Evaluator Manual (SPEM)

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A. SPECIALIZED PROGRAM EVALUATION

1. INTRODUCTION

Complicated, judgmental processes tend to become more sophisticated over time. Postsecondary program accreditation--a complicated, judgmental process--has taken this course.

Maintaining and increasing the quality of educational programs which prepare specialized practitioners has become, in and of itself, a necessary specialty. Programs of specialized education are not self-maintaining; quality is not self-maintaining. An external process is necessary for the maintenance of programs and for ensuring their continuing quality.

Program evaluation for accreditation has had an increasingly significant history. In recent decades, program accreditation has passed from the practice of cursory review to detailed verification of practices. The current system of program evaluation is a highly sophisticated means of determining how well a program, within an institutional setting, accomplishes its objectives.

Program evaluators have had to incorporate in their behavior a similar emphasis upon sophisticated evaluation procedures. This Manual, and related workshop materials, are dedicated to increasing the competence of those who undertake the task of evaluating postsecondary programs of specialty training.

2. QUESTIONS AND ANSWERS ON PROGRAM EVALUATION

WHY A "MANUAL" FOR PROGRAM EVALUATORS?

The Specialized Program Evaluator Manual is designed so that you may improve your program evaluation practices and so that persons new to the process may become competent to appraise programs. It includes key information regarding philosophy, methodologies and procedures and approaches to program evaluation emphasizing such factors as implementing, operating and evaluating program evaluation efforts. Furthermore, the Manual contains information on the identification of competencies and attributes required of evaluators as well as the selection of evaluators.

Two key words are used throughout the Manual: program and evaluation.

What is a program? One definition is an educational offering designed to provide students with the knowledge and skills needed to work in a specific job or to improve their competence in that job. It includes the curriculum as well as the administrative support required to implement the sequence of educational and skill development experiences identified in the curriculum plan. *What is (an on-site) evaluation?* It is the first-hand, on-site assessment of an educational program, by representatives of an accrediting agency, who assess the extent to which an educational program fulfills or exceeds the requirements for accreditation described in published standards.

The primary function of an on-site evaluation team is to verify the accuracy and completeness of the information supplied by personnel in the program applying for accreditation, or for the continuation of this status. An important secondary function of the evaluation team is to suggest possible improvements in the program to further assure continued compliance with standards.

WHY A SPECIAL PROJECT TO TRAIN, OR TO IMPROVE, PROGRAM EVALUATORS?

Historically, only a limited number of individuals involved in evaluating allied health educational programs possessed the necessary competencies to evaluate allied health educational programs. Now, trained personnel are needed in greater numbers.

WHAT DID THE PRESENT TRAINING PROJECT ACCOMPLISH?

Eight collaborating allied health organizations provided a total of 171 representatives to participate in six initial regional workshops at which consultants, faculty and project staff presented concepts and materials on how to evaluate the quality of an allied health education program. Later workshop participants field-tested what they had learned by participating in a site evaluation, and then the participants reconvened in a second series of six regional workshops to critique the process and to agree on the materials to include in a manual for on-site program evaluators.

HOW CAN I USE THIS "MANUAL" IF I AM SELECTED TO ASSIST IN A PROGRAM EVALUATION?

The Manual has been designed to provide the individual on-site evaluation team member with practical and useful guidelines for program evaluation. The Manual includes various step-by-step procedures for program evaluation in the fulfillment of minimal educational objectives as stated in standards. It describes the methodologies and procedures for the on-site evaluation team and it includes a model on-site visit agenda. A detailed outline of the work and responsibility of the on-site evaluator is provided in the manual. It was created for those individuals who will actually participate in program evaluations.

3. FACTORS CHARACTERISTIC OF THE EFFECTIVE PROGRAM EVALUATOR

Background Factors:

By way of general background, a program evaluator should have sufficient general education and special training specific to a professional discipline such that he or she has a solid foundation on which to become a specialized program evaluator. The amount and kind of such education and training will depend upon the type and level of program to be evaluated. Evaluators may either be generalists in serving on an evaluation team or content specialists who are themselves practitioners or educators within the field of training represented by the program.

Program Evaluation Training Factors:

Traditionally, program evaluator training has taken place on-the-job: selected persons were appointed as observer-members of teams and were taught both by instruction and observation in the course of the team functions on-site. This method is dependable and responsible where other team members have the competence to conduct such training and where the prospective evaluator has been given sufficient guidance in advance of the site visit. In addition, there are numerous readings which can benefit an evaluator whose initiative includes an examination of the literature (a number of suggested readings are cited later).

In more recent years, evaluators have received more formal and organized training through the advent of workshops. These workshops have been conducted at various lengths by experienced evaluators representing numerous occupations and national associations. Prior to the present workshop series, which was productive of this manual, evaluator training workshops generally have not followed any common pattern. Various qualities of evaluator training experiences have been conducted.

The potential program evaluator should seek workshop training as a preferred means of becoming knowledgeable about the entire process. Those selected for attendance in such workshops are regarded by their peers as appropriate candidates for program evaluator assignments. Following a workshop there is usually a systematic means of involving graduates in program evaluation activity.

Program Evaluation Experience Factors:

With either mode of training--workshop or on-the-job--a series of three kinds of experiences are important for the program evaluator to achieve. The first is that of being an observer: essentially a non-contributing or non-participant member of a team who is present on-site for purposes of orientation to the program evaluation process. The second kind of experience is that of ob-

server-participant; namely a person who continues to observe but also participates by contribution to team activities and reporting. Finally, there is the supervised experience as a team participant.

The ideal course of preparation for the new program evaluator is training in a well organized and conducted workshop followed first by observation and then team participation under experienced program evaluators.

Attitudinal Factors:

The effective program evaluator will demonstrate maturity, objectivity, diplomacy and dedication to the task. He or she will project an image of professionalism both in behavior and appearance. This image will carry with it an appreciation of the confidential nature of the task, the need for self-initiative, for a cooperative attitude, for an analytic approach to the task, as well as necessary degrees of flexibility.

Knowledge Factors:

The effective evaluator will have an up-to-date appreciation of the occupation that the program trains for, of the entire accrediting process (as presented in this manual) and sufficient general and special background to be able to exercise depth of judgment. In addition, the effective evaluator must have a thorough understanding of the educational standards being used and what constitutes deviation from or non-compliance with those standards. It is

imperative that the site evaluator has total familiarity with the content and meaning of the self-study material produced by the program and institutional personnel prior to the site-visit. (The topic of program "self-study" will be discussed in detail later in this manual).

Skill Factors:

It is important for effective evaluation that the evaluator be skilled in interviewing, in inter-personal communications, in self expression, in note taking and in maintaining objectivity. He or she should be skillful in dealing with attitudinal problems that may be presented by those being interviewed. The evaluator, through long experience and sound education, should have developed a strong capability for deductive reasoning and for logical analysis. This person should be skilled in writing and accurate in mental recall. These skill factors can be demonstrated or learned in a workshop setting.

Physical Factors:

The effective evaluator will begin the site survey physically fresh, mentally alert and at ease. Health status should be such that the evaluator is prepared for whatever is physically necessary to get the job done within the specified period. This requires stamina and endurance.

The quality of the program evaluation should never be significantly compromised due to physical limitations of one or more team members, unless those limitations have been assessed in advance and found to be acceptable under the prevailing circumstances.

Discussion:

Approved accrediting agencies maintain a formal policy of non-discrimination practices in the selection of evaluation team members, but with recognition of physical on-site performance requirements and circumstances. Thus, while possible, it is unlikely that a person confined to a wheel chair, or blind person, would be asked to participate.

In reviewing the above factors for effective program evaluator performance, the potential evaluator will come to realize that there are fundamentally important topics of information as well as procedural matters with which he or she must become thoroughly familiar. Among the most basic of these are the standards by which accreditation agencies are approved and the educational standards by which programs are evaluated. The first are the U.S. Office of Education Criteria and, similarly, the Provisions set forth by the Council on Post-secondary Accreditation. The Criteria and Provisions are used to assess the competence of an agency to conduct accreditation activities. Quite separate from the Criteria and Provisions for agencies are the standards which are used by the pro-

gram evaluators to determine the extent to which a *program* complies with them. These carefully developed, printed and widely disseminated program standards are used by educators in developing their programs, by faculty in conducting programs, and by accreditation personnel in assessing programs. The potential evaluator must become thoroughly familiar with the applicable standards.

In addition, within the last decade it has become mandatory for program personnel to analyze whether the program is meeting its stated objectives and to describe the way in which it is doing so. These written descriptions become the "self-study." A necessary part of the pre-accreditation documentation, the potential site Evaluator must learn to analyze the document and be prepared to utilize it as part of the site-evaluation visit.

Each of these basic considerations will be treated in appropriate detail within the following material.

B. STANDARDS FOR ACCREDITATION

As a candidate for service in program evaluation, you will be concerned with this question: "On what basis is a program evaluated?"

Programs are evaluated on the basis of educational standards. Within the allied health professions these standards are called *Essentials*. The evolving developmental process for program standards has seen the incorporation of numerous improvements, especially in the last five years. Today, such standards are developed initially (or revised from time to time in the case of existing standards) only with great care and with exhaustive review and consideration by the "community of interests."

Educational program standards are oriented toward specific occupational competencies. As such, they must rest upon a thorough consideration of occupational performance requirements, hence, developers of standards (themselves expert in the occupation), seek comment and suggestion from the wider community of interest regarding the requirements that standards may impose upon an educational program. Announcement of development or revision of standards is widely disseminated, one or more public hearings are held, and educators, practitioners and allied personnel, are invited to provide both written and oral comment on the standards.

Eventually, standards (or their revisions) are formally adopted, printed and disseminated to programs with notice of the date on which they became effective. It is these standards the program evaluator uses as a basis for judging educational program compliance. Thus, evaluation judgments are always made in terms of specific, widely accepted standards--but never in terms of personal judgments independent of such standards. Even when an evaluator possesses advanced, professional education, and enjoys wide recognition as a successful practitioner or educator, he or she may not be an effective evaluator unless program standards are the basis of their judgments regarding compliance.

Educational program standards for the allied health professions are called *Essentials* because they state the minimum requirements for acceptable educational efforts for these occupations. Any finding of lack of compliance with an *Essential* clearly means that graduates from the non-compliant program may be trained inadequately or improperly with respect to the *Essential*. For this reason, program evaluators must be well trained, mature, thorough and otherwise competent to determine such a finding.

Within recent years, program standards--particularly allied health *Essentials*--have become more qualitative and less quantitative. This trend reflects an

intent to eliminate unjustifiable, possibly arbitrary or invalid standards for programs to meet. It also reflects the move toward competency-oriented instruction and toward evaluation of students by competencies achieved. But competency based education must experience wide-spread improvement, acceptance and implementation, before such evaluation may effectively prevail. Therefore, the judgmental role of the program evaluator continues to be most crucial and significant. The program evaluator must take his or her training for this function as a serious and important responsibility.

The program evaluator also meets the responsibility of representing an accreditation agency. This agency will have selected the program evaluator and, very likely, will have arranged for the evaluator's necessary training and specialized experience. This agency, possibly in a collaborative relationship with other agencies, together with the on-site program evaluation team, actually carries out the accreditation process.

The accreditation agency does not function solely within its own elected procedures. Other, external agencies provide *standards for the evaluation and recognition of accrediting agencies*. These have been identified as the U.S. Office of Education and the Council on Postsecondary Accreditation. While educational program standards relate closely to the externally derived agency standards, the latter are quite separate and of different perspective in both depth and scope.

The program evaluator must know and understand this aspect of the overall accreditation system, as well as the program evaluation process *per se*.

C. STANDARDS FOR ACCREDITATION AGENCIES

Accrediting agencies may be recognized as competent to accredit either institutions or programs within institutions, or both. Ordinarily, such agencies are national or regional in the scope of their operations and may be approved for accreditation activities involving a variety of institutions and/or programs. Agencies which evaluate and accredit specific programs within an institution are usually officially recognized by an appropriate body within the government as well as one outside of government. Such an agency must carry out self-study and demonstrate the degree to which it complies with the standards of the governmental and/or non-governmental body to which it petitions for approval.

For the government, the U.S. Office of Education (U.S. O.E.) performs the function of reviewing and approving independent agencies for their accreditation activities. For the private sector, this same function is accomplished by the Council on Postsecondary Accreditation (COPA).

The U.S. Office of Education publishes Criteria--standards--for such agencies. Accrediting agencies seeking governmental approval must demonstrate their compliance with these Criteria. COPA publishes similar standards in the form of Provisions. The accrediting agency must demonstrate compliance with these Provisions to be recognized by COPA for its accreditation efforts.

TAB
1*

TAB
2

* Refers to Appendices under numbered Tabs in this Manual; each should be examined in detail by the prospective program evaluator

The Committee on Allied Health Education and Accreditation (CAHEA) has been recognized both by the U.S. Office of Education and the Council on Postsecondary Accreditation to evaluate and accredit individual allied health programs. CAHEA is not approved to evaluate institutions. Usually, institutional evaluation is conducted by one of the regional accrediting bodies.

Program evaluation is a voluntary process. It must be initiated by the chief executive office of the institution in the form of a request for the accreditation process to an agency such as CAHEA. A prerequisite for CAHEA program accreditation is accreditation of the institution by one of the recognized regional accrediting bodies.

CAHEA also works cooperatively with other organizations accrediting in fields other than those for which it is recognized, if this is requested by the institution. JOINT SURVEYS by an institutional accrediting body, other specialized program accrediting agencies, and CAHEA have occurred and more commonly will occur in the future. It is incumbent upon the site evaluators in such endeavors that they are at least acquainted with the objectives and procedures of the other agencies. Such cooperation among all the agencies also demonstrates the efforts being made to fully utilize the voluntary accrediting process unique to the United

States.

As a result of these singular and combined efforts, CAHEA now accredits more than 2,800 programs spanning 23 occupations.

These programs range in length from somewhat less than one academic year to a four or more year baccalaureate program. Accredited programs are located in every state and in U.S. territories, commonwealths and possessions.

D. STANDARDS FOR ACCREDITED PROGRAMS

Emphasized are two kinds of standards, those derived externally to an accreditation agency for evaluation of the agency, and those derived externally to a program for evaluation of the program. Attention is directed to the latter, as used within the field of allied health education. Who uses *Essentials*?

Essentials (standards) are in use for twenty three allied health occupations, and are in development for three more. Existing *Essentials* apply to more than 2,800 education programs. For allied health, twenty seven national organizations are recognized as collaborative sponsors of program evaluation efforts. These "efforts" are applied by "review committees" whose members represent the appropriate collaborating sponsor or sponsors. When two or more sponsors are involved, the intermediate body-- between sponsors and CAHEA-- is called a "joint review committee." "Review committee" is a useful generic term because it accurately describes a function: the review of program evaluation information.

Review committees also perform the vital function of making recommendations to an accrediting agency regarding their evaluation findings for each individual program examined.

For much of allied health, the accrediting agency is the Committee on Allied Health Education and Accreditation. For ease of reference, this committee often is called CAHEA (CaHEa). While review committees are composed of experts in the occupational

training programs under review, the CAHEA member, though an expert in a specific health system occupation, must also be a knowledgeable generalist in allied health based upon broad inter-occupational experience and/or education participation. It is in terms of the latter qualification that he or she is asked to serve.

The numerous individuals and organizations involved in the accreditation process are:

- Program and institution personnel
- On-site evaluation team members
- Review Committees, Boards
- Committee on Allied Health Education and Accreditation

In addition, the organizations which collaborate with the AMA Council on Medical Education are involved in the development and revision of *Essentials*, in sponsoring their representative review committees, and often provide staff support to review committees.

All persons and organizations comprising the program evaluation system make use of the applicable sets of *Essentials*:

- Program and institution personnel use *Essentials* to design, develop, evaluate and improve programs
- Visiting evaluation teams use *Essentials* to determine program compliances with the stated minimum requirements
- Review committees use *Essentials* to evaluate program information
- CAHEA uses *Essentials* to appraise the overall

process of program evaluation and in granting
accreditation status

For all of these reasons, the prospective program evaluator must achieve a thorough working knowledge of the applicable *Essentials*.

How are *Essentials* used?

An appended Exhibit displays a typical set of *Essentials*--that for accredited educational programs for the medical assistant. Note the Preamble which presents succinct discussions of Purpose, the Occupation trained for, and the training Objectives. For the prospective program evaluator, these three topics designate areas of information that must be augmented in both depth and breadth.

TABS
4
5

Following the sub-head REQUIREMENTS FOR ACCREDITATION, there is a series of paragraphs set out by Roman numerals. These paragraphs state the *Essentials*; however, their sequence, number, and specialized nature may vary modestly to substantially for each allied health profession.

CAHEA, review committees, and staff personnel, use ELIGIBILITY REQUIREMENTS to determine if an institution seeking programmatic evaluation meets approved eligibility standards.

A fundamental way in which on-site evaluators use the eligibility standard--and each other standard--is to verify that what is said by site personnel in their description of the education process is, in fact, accurate. This is done through the examination of

on-site documentation, inspection, observation, and interview. STANDARDS of PROFESSIONAL Practice may be affirmed by these same techniques.

The visiting team inspects FACILITIES--classrooms, laboratories, learning aides, equipment, library holdings, and the like. Evaluators note the number and quality of facilities to determine their adequacy in terms of the stated educational objectives of the program.

If special affiliations are needed to augment classroom training, evaluators will assess these in terms of agreements for use, quality of learning experiences, supervision, credit received, and so forth.

Evaluators must be concerned with the FINANCIAL stability of the program. In this regard, the official program budget and evidence of dependable and continuing funding are sought.

As may be anticipated, *Essentials* place heavy emphasis on FACULTY and CURRICULUM. For faculty, this emphasis begins with the qualities of the program director (preparation, reasonableness and balance of load), the desired minimum competencies of remaining teaching faculty, and support services available to faculty and students.

STUDENT factors are high-lighted by *Essentials*, in particular, their selection, health, and records.

RECORDS are the mainstream of documentary evidence for the educa-

tional process. On-site evaluators inspect records for admissions, grading, individual progress, supervisory evaluations, and their processing and storage.

A majority of on-site hours are given to evaluating all aspects of the CURRICULUM. For this purpose, evaluators may expect that comprehensive curriculum documentation will be available for examination.

Various STATUS REPORTS are called for by *Essentials*. These reports call for annual up-date of program status, and for significant changes as they occur.

With these, and similar topics, statements of minimum requirements (the *Essentials*) end, and advisory information on the administrative aspects of accreditation follow.

TAB
6*

It should now be more apparent why you--the prospective program evaluator--must have a thorough understanding of the *Essentials* applicable to your field of interest. In consideration of the qualitative and general nature of *Essentials*, it should be apparent why a preparatory workshop experience is so highly desirable: significant judgments must be made by evaluators; well supervised opportunities to practice and discuss such decision-making will be of great benefit to actual program evaluation.

* See Tab 6 for typical Guidelines which expand upon *Essentials*.

E. PROGRAMMATIC EVALUATION

Programs in allied health are subject to ever increasing pressures to maintain an accreditation status, to examine and to re-examine themselves, and to meet the demands for product accountability. This pressure is experienced in many other fields of training as well. However, while the cost of the educational process continues to mount severely, the cost of obtaining or maintaining an accreditation status has, in most instances, remained one of the lowest expenses in that process. The reason that this highly desirable process remains at low cost is because much of the effort involved is usually performed on a voluntary basis. Thus, for most fields, and certainly for those programs accredited by the Committee on Allied Health Education and Accreditation, on-site evaluators serve without honoraria. Only the cost of travel, lodging and meals are reimbursed. But even this cost factor can be significant because, in order to maintain a maximum degree of objectivity in program evaluation, evaluation team members are not selected if they reside or practice in the near proximity of the program to be evaluated. Also, it is desirable to have a minimum of two persons comprising such a team in order to maintain objectivity. Some teams consist of three or four or more persons.

But the costs and processes involved in program evaluation and accreditation have increased over time with increased experience and with the evaluation of more sophisticated procedures. Responsible officials of participating organizations and the CAHEA

still continue to search for new evaluation methods. Increasing attention is given to efforts to establish more comprehensive and systematic evaluation methodology, to simplify the on-site evaluation procedures, and to combine evaluation efforts, so that fewer people are involved for lesser periods. These efforts have not yet all resulted in manifest improvement but some substantial change already has occurred. These changes, however, speak to the future; current focus must remain on the present functional process in considerable detail.

1. DEFINITIONS OF EVALUATION

Program evaluation has been defined in a number of ways. Traditional definitions limited evaluation either to professional judgment by an expert or to comparing student performances on the basis of clearly specified performance objectives.

Most recently two less limiting definitions for evaluation have been suggested. The more popular definition by the Phi Delta Kappa Commission on Evaluation states that evaluation is the process of delineating, collecting, and providing information useful for judging decision alternatives. This definition involves the identification of decision situations, the determination of needed data, and the actual collection of the data to be used by decision making individuals. In this definition, the evaluator is not asked to make judgments, but is viewed as an information gatherer. A second definition is offered by Worthen, B.R. and Sanders, J.R. *Educational Evaluation: Theory and Practice*. Worthington, Ohio: Charles A. Jones Publishing Company, 1973. Evaluation for them is the determination of the worth of something. It includes obtaining information for use in judging the worth of a program in relation to specified objectives. This definition addresses not only the systematic identification and collection of data but also the analysis of the data to determine the worth of both program processes and products.

Obviously, these two definitions are not mutually exclusive. Both require the collection and reporting of data. In the one definition the data alone are reported and in the other the data are accompanied by judgments of worth or value. But these definitions have one major limitation: the lack of evident change in the program based upon the analysis of the data.

It is commonly accepted that learning has taken place if the learning period is followed by a change in behavior. Applied to program faculty and administrators, this observation suggests that program evaluation may not be effective unless program change occurs.

A third definition of evaluation is proposed as the working definition for this manual. Evaluation is defined as the process of assessing educational activities and objectives in terms of their compliance with established educational standards, the collection of data necessary to such assessment, and the provision of analytic judgments regarding the nature and degree of compliances or noncompliances with standards.

2. FOCUS OF PROGRAM EVALUATION

The goal of all allied health education--as with education in other fields--is to train highly competent personnel to deliver health care services by offering the best quality programs possible. For faculty and administrators to reach this goal, they must make maximum use of their resources and opportunities by making sound decisions regarding possible alternatives in program planning and development.

Because, under our definition, the primary role of evaluation is to provide a basis for relevant judgments and recommendations to key decision makers, evaluation activity must include discovering what decisions need to be made. This kind of evaluation activity may focus at either of two points or include both: the point at which the training program has produced a product, namely a graduate, or the educational process of the program itself while in action.

Product evaluation seeks to determine the degree to which the intended objectives have been met. It is used to determine the effectiveness of a program by assessing the students who have completed the program. Traditionally, product evaluation has been accomplished through grading of the students at the local level, and ultimately through registration, certification and/or licensure, at the state or national level. Often, data may also

be available from follow-up studies of graduate and employer surveys.

In contrast, process evaluation is useful to detect or to predict problem areas in the design of a training program by examining its operation while on-going. Process evaluation focuses on such matters as admissions, teaching methodologies, curriculum sequence and testing techniques. Perhaps a majority of accreditation agencies tend to focus on process evaluation. These agencies assess a program while it is in operation to determine how the program is meeting its stated objectives in terms of the independent standards.

Clearly, the definition used here includes attention to both product and process evaluation to the extent that local circumstances permit. Later discussions of on-site program evaluation activities stress interviews with students about to graduate, with graduates of the program, and with employers of graduates. It also continues to embody a strong emphasis on process evaluation during the site visit.

It should be pointed out that the program evaluation within the preceding definition includes traditional attention to certain program components which are common to virtually all educational efforts regardless of field: administrative or management functions and organization, faculty, financial resources, students, curriculum, library and learning resources, and physical facilities. Of course, the degree to which these common components are considered by an evaluation team varies with the type of program providing the educational experience.

F. FEATURES OF AN EVALUATION SYSTEM

A number of features should characterize an evaluation system if the system is to successfully accomplish the desired evaluation efforts.

Because accreditation evaluation is a voluntary process, both on the part of the institution inviting accreditation as well as on the part of the agency and individuals involved in evaluating the program, the most important feature of the evaluation system is commitment on the part of all individuals involved. This commitment is given willingly and not by demand. The nature of this approach to evaluation preserves and presents a positive effort to improve a program rather than a negative or threatening experience. Also, numerous individuals are involved in the initial plans for evaluation and in the process as it occurs. This helps to preserve objectivity as well as other positive characteristics.

A second feature is that of evaluating a whole program rather than just some of its segments. Entire programs are complex with many interacting parts. An objective, thorough evaluation requires that the interaction of these parts be assessed as well as their individual values in the program.

A third feature is that of the involvement of significant groups at each stage of the evaluation process. Evaluation is not something administration does to departments, or program directors do to faculty. All significant participants in the program situation are involved not only in the planning for evaluation, but also in the assessment activities themselves and later in implementing needed changes that

are found as a result of self-assessment. Individuals who have thereby participated in the whole process identify personally with it and therefore are more likely to accept the results of the evaluation and use the recommendations to improve the program.

The final feature of a good evaluation system is that of adaptability. If there are variations among programs--nearly always the case--the system must be adaptable to each of such variations, but continue to provide reliable quality assessment.

How Involvement Is Achieved

Prior to the 1970's, the earlier traditional evaluation of allied health programs had been carried out largely by the use of visiting evaluation teams, with the team reporting upon its findings to the appropriate authority responsible for accreditation action. While the report was shared with the program during this process, program personnel generally had little responsibility for analyzing the program in advance. They merely accepted the recommendation of others through a final interview and report.

The weakness in that traditional approach was the lack of involvement of all concerned with the program in the analysis and final decision-making. Often this lack of involvement brought about a general lack of commitment in accepting the accreditation report, and hence, little improvement resulted.

Regional accrediting agencies recognized this inherent fault in institutional accreditation and initiated an accreditation process that would insure that institutions become involved in the analysis of their own strengths and areas for improvement. This involvement process took the form of a "self-study" method for institutional evaluation and resulted in greater commitment to the process.

Self-Study

If an educational program is to avoid stagnation, perhaps even decline to extinction, its faculty and administrators must remain constantly alert to the need for change and improvement. To a useful degree this is accomplished by the self-study technique. Self-study, sometimes called self-analysis, is a technique whereby institutional and program personnel carry out continuing internal review, assessment, and analytic examination of the entire gamut of program operations, including the ancillary institutional services that support and aid the program in accomplishing its objectives. The self-study offers a method by which a program can be examined by its personnel to determine its strengths and weaknesses and to bring about or identify possible solutions for improvement.

It has been found that when a self-study is only a study and not an analysis it will not achieve all of the results that a more thorough-going approach can yield. Analysis in addition to study adds more objectivity and comprehensiveness to the self examination process. Analysis is more likely to identify weaknesses or areas of concern.

To summarize the several characteristics that are essential for an effective self-study: the self-study should be comprehensive in scope, assessing every aspect of the programs' operations. This includes examination of such components as curriculum, students, faculty, organization and administration, financial resources, physical facilities, learning resources, the admissions process and the effectiveness of the graduate in subsequent pursuits. The self-study should have broad involvement of all concerned with the program:

administrators, faculty, students, advisors, and so forth. It should not be an activity of faculty alone or administration alone. (Experience shows that the poorest and least effective self-studies are accomplished by one or two persons who prepare their own view of the program in its setting--often actually typing and binding the text.) In addition, the self-study should be analytic in nature, identifying programmatic strengths and weaknesses and problem areas. From this analysis it should present suggested recommendations to remedy the problems or weaknesses identified. Finally, the self-study should project the program into the future, identifying both short and long term concerns and goals and ways the program can be improved.

1. Site-Visit Evaluation Processes

Selection of evaluation team

The on-site evaluation team may range in size from two to four or more persons. Usually, one of these is a "content expert," an experienced, qualified practitioner in the profession being trained by the program. This person may serve as the "chairman" or "team captain." Another team member may have comparable expertise in education, administration, organization, budget, and other kinds of support and ancillary activities that complete the setting in which the program functions. For many reasons, teams will vary in their composition and individual competencies, but the collective team capability is always carefully formed.

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The selected evaluators must not reside or practice within the vicinity of the program location. On the other hand, in terms of cost effectiveness, they should not be drawn from distant points unless absolutely necessary. Ordinarily, the two or more team members are selected by the review committee, if that committee is a separate agency, or by one or more of the sponsoring agencies within their staff functions in their national offices.

Evaluators are usually drawn from a list or "panel" of individuals known to be effective, objective, professional program evaluators. They should have participated in formal training in a national workshop or have been trained "on-the-job" by having been active participant observers accompanying other experienced and qualified evaluators.

Team members are requested to acknowledge their acceptance of the assignment and the dates of such commitment. The institution is always notified of the individuals who will be performing the on-site evaluation, and the institution has a right to voice objection. The on-site evaluation team members are supplied with all necessary materials for the evaluation visit including *Essentials*, guidelines, procedures and policies, as well as a copy of the submitted Self-Study report, and any other pertinent information or documentation (including a prior on-site evaluation report if the current visit is a resurvey). Usually, the team captain coordinates the team's initial meeting by informal telephone procedure.

Analysis of self-study

Preparation for the site evaluation begins at least several weeks in advance of the actual site visit. During this period the selected site evaluators undertake their independent analyses of the self-study documentation. They first read all submitted materials, section by section, then determine the extent to which the self-study materials fulfill or exceed requirements as stated in the *Essentials*. Where there is any lack of clarity or seeming non-fulfillment of an *Essential*, this is noted and recorded. The content expert on the team will give particular attention to the nature of the curriculum materials. This person will look for statements of behavioral objectives, adequacy of course outlines, content of curriculum, scope of curriculum, sequence of courses, requirements for prerequisites and the filling of them, the ratio of faculty to number of students and, in general, the curricular fulfillment of the *Essential* requirements.

Another team member will give particular attention to administration, to

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the structure of the organization, the placement of the program within the organization, reporting relationships, budget, library, audio-visual, student health service, and all other support and ancillary functions necessary to the success of the program.

All team members, of course, will have examined all of the pertinent documentation.

Roles and functions

Team members most often arrange to meet at their hotel/motel the evening before an on-site evaluation visit for up to several hours of joint examination of their independent appraisals of the Self-Study. They will compare notes and agree upon areas of inquiry in terms of missing information or suspected deviation from the *Essentials* or other matters that are not clearly covered in the Self-Study. They will discuss and agree upon their individual and collective roles and determine which member will address institutional and program personnel regarding the conduct of the evaluation. It is not unusual that the first evening meeting will result in minor changes in the proposed agenda.

In any event, the agenda which has been tentatively agreed upon in advance by the institution and the review committee, should include the names and titles of the officials and program faculty to be interviewed and will designate which of the team members will meet with each institutional representative, the occasions on which both team members will be present at the same time, and the occasions on which one or more team members will conduct a meeting at which no institutional personnel are present, e.g., student group interviews.

A simple lunch may be provided at noon by the institution. This is ordinarily looked upon as a working lunch during which the team members may choose to dine by themselves or have present the program director or such other person or persons as may be necessary to complete work-in-process. The evening meal usually does not include any institutional personnel and the entire evening is reserved for a review by the team of the day's activities and observations as well as the informal draft preparation of the on-site evaluation.

The second evening session should also result in a definitive listing of materials that will be requested at the opening session of the second morning. Any additional interviews called for by first day findings should be scheduled at the opening of the second morning session.

In the afternoon of the second day, the survey team should meet in executive session to agree upon and to write the findings of program strengths, areas of concern, and any suggestions for improvement. Immediately following this period, a summation conference should be conducted which involves the program director, the person to whom that program director reports, and at least one officer of the institution who can speak officially for the institution. Often however, additional persons may be present, such as the chief financial officer, dean of instruction, vice president or president of the institution. The interview is brief, businesslike, and focuses upon strengths and concerns related to substantial compliance with *Essentials*. Response is invited.

Review committees vary on instructions to their evaluation teams regarding the matter of team findings in the form of accreditation recommendations. Some review committees require that their teams arrive at clear,

analytic recommendations regarding accreditation status and report these to the assembled institutional personnel in the exit interview. Where this is the case, the team is required to advise the institutional personnel that the team recommendations will go forward to the review committee and that that group in turn may endorse the recommendations, may change them, or even reverse them.

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Other review committees insist on quite the opposite: that the team not only not report a recommendation of accreditation status to the institution, but do not arrive at one nor report such to the review committee in their report. In this case, the team's role is limited solely to fact-finding and fact verification.

Report writing

It is extremely important that team members, during the course of the on-site evaluation, and particularly during the second evening, accomplish as much of the final draft of the on-site evaluation report as possible, then adding materials regarding strengths and areas of concern the second morning. The team captain is responsible for final editing and for submitting to his or her review committee or Association the final report for typing. As soon as it is ready, the team members review it, add their signatures and the date, and it is returned to the program officials at the institution for an opportunity to review it and to note any errors in factual content. Institutional personnel may also comment separately upon the observations or conclusions of the team members, but they are not invited to change those conclusions or observations. The reviewed report is then returned to the review committee for formal consideration at its next meeting.

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Characteristics of the final report

Generally, the best guide for developing the draft report is to use the guidelines for the report of on-site evaluation provided by the professional organization. In the event that such guidelines are nonexistent, the team leader may wish to suggest a format for organization. Usually, draft reports are submitted to the team leader prior to the evaluation teams' departure from the institution. This draft report should include the following, as a minimum:

1. Date of the survey team visit
2. Names of survey team members
3. A narrative section including material on organization and administration, services and facilities, faculty, educational programs, etc., and an evaluation of the self-study report.
4. Summary and conclusions
5. Suggestions for improvement
6. Survey team recommendations (if so instructed by a review committee)
7. A list, by name and title, of persons interviewed

A distinction between findings of qualifications and recommendations must be clearly understood and adhered to in the on-site evaluation report.

Qualification

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A qualification indicates an evaluation survey team's professional judgment that an institution does not comply with all or part of an *Essential*. Each qualification should have clear support in the narrative of the report

and be clearly labeled as to the *Essential* with which it fails to comply. Qualifications should not be prescriptive, i.e., they should identify significant problems but should not prescribe solutions for those problems. An institution will be invited to respond, in writing, to each qualification in the on-site evaluation report.

Recommendation

A recommendation offers, for consideration by the institution being evaluated, a course of action which the evaluation survey team feels would result in the improvement of the quality of the program, even though such action is not necessary in order to comply with the *Essentials*. Although institutions may respond, they are not invited to nor should they feel compelled to respond to these suggestions for improvement of program quality.

Among other things, an acceptable on-site evaluation report should:

1. Reflect the consensus of the total evaluation team
2. Be accurate
3. Be succinct
4. Be written in the third person
5. Deal with significant problems only
6. Include an evaluation of the self-study report
7. Provide adequate narrative support for all recommendations
8. Identify specific *Essentials* in terms of noncompliance
9. Be thorough and forceful
10. Reflect thorough knowledge of the *Essentials*, the self-study, and the program

An acceptable on-site evaluation report would not cite:

1. Personal references
2. The standards of other agencies, or non-standard practices
3. Compliance or noncompliance with standards of other organizations, or with personal standards; or
4. Confuse Qualifications and Recommendations.

The on-site evaluation report is confidential and must not be revealed by team members. The chief administrator of the institution is provided with a copy, and it is expected that he will make wide internal circulation of the report. It is recommended that team members destroy or return to the leader or the review committee their copies of the draft on-site evaluation report as well as copies of the Self-Study.

Ethical principles observed by evaluators

1. An evaluator respects fully the confidences which are expressed during an on-site evaluation, treating information which is other than public and complimentary, with complete personal privacy.
2. Evaluators may not identify promising personnel who they would like to recruit for their own institutions.
3. Evaluators avoid accepting gifts, favors, or services which may prejudice or appear to prejudice their professional judgment or which may lead the program to expect some leniency in interpretation of compliance with the *Essentials*.
4. Evaluators neither apply for nor suggest their availability for consultation or for temporary or permanent work with the institution or

the program being evaluated.

5. Evaluators often see small problems which could be solved by attention to minor details. The accreditation report of on-site evaluation should deal with major matters relating to a program's compliance with the *Essentials* rather than as a means of effecting minor reforms.
6. Evaluators maintain their focus on the extent to which the program does or does not comply with the *Essentials*. The principal purpose of accreditation is to promote sound education, and evaluators approach their work from constructive and objective points of view.
7. An evaluator focuses principally upon the collection and assessment of information regarding a program's relative compliance with the *Essentials*. The evaluator may identify useful ways of improving upon the educational effort but solely as topics for "consideration" rather than as a "qualification." (The social equation between the evaluator and the evaluated often has resulted in the latter hearing "suggestions" as mandates for action.)
8. Evaluators may be tempted to inform the administration of suspected policy deviation or to warn a faction in a program of hidden opposition, but should not reveal suspicions as such; there are more wholesome ways to alert an administration to hidden tensions.
9. Evaluators give the same thorough review and consideration to each program.

Personal factors

1. Arrival and departure should be scheduled with sufficient time to com-

fortably satisfy all commitments of the on-site evaluation. Late arrivals and early departures (in other than extenuating circumstances) suggest that the on-site evaluation is not important enough to merit a complete commitment.

2. Personal-social engagements should not be scheduled on the evening before or during the evaluation.
3. Evaluators should plan to focus on (a) how faculty, students, and others perceive program content, administrative and teaching policies and processes, and (b) how comfortable they are in talking about the relative strengths and areas of concern of the program and what they contribute to the program.
4. If an evaluator feels it is necessary to take notes while interviewing individuals, this should not interfere with establishing and maintaining rapport.
5. Choice of words should be made with care when discussing evaluative conclusions regarding the program's compliance with the *Essentials*. A listener may be more likely to hear what is said if those areas are identified in which a program may be in marginal or noncompliance with the *Essentials* as a "concern about full compliance" rather than as a "weakness." The latter and similar terms tend to elicit defensive responses, while "concern" is more often perceived as a helping, openly facilitative expression.

2. *Typical Program Evaluation Visit Agenda*

Medical Record Administration Program Evaluation

Two days are allocated for the program evaluation. The Program may re-adjust the suggested schedule, if necessary, as long as all listed activities are included. Please attach a list of classes that are regularly held during the days of the site survey, so that members of the survey team may visit if they wish to do so. The Program Director is requested not to plan social affairs during the survey visit. A schedule of appointments and activities, including names and titles of persons to be interviewed, must be submitted with the Self-Evaluation and supporting documents.

Schedule of survey activities and suggested time allocations

FIRST DAY

9:00 a.m. - Meet with appropriate Dean and/or Administrative Officer(s) responsible for the Medical Record Administration Program. The Program Director should be included in this meeting.

NOTE: Concurrent appointments for the survey team members should be scheduled from 9:30 to 12:00 noon, as outlined below. Course outlines and textbooks should be available at the time of conferences with faculty members.

AMRA Representative

9:30 - 11:00 a.m. - Meet with Program Director to:

- 1.) discuss and clarify, if necessary, information received in the Self-Evaluation document
 - 2.) review student records and program files
 - 3.) discuss medical record courses and curriculum
- Meet with Medical Record Science Faculty

11:00 - 11:30 a.m. - Meet with Anatomy and Physiology faculty

11:30 - 12:00 noon - Meet with faculty for Fundamentals of Medicine

AMA Representative

9:30 - 12:00 noon - Visit:

- 1) Admissions office; 2) Registrar, if deemed necessary;
- 3) Counseling; 4) Health service, if available; 5) Library, Audiovisual Center and/or Instructional Resources Center;
- 6) Review program director's student records

12:00 noon - 1:30 p.m. - AMA and AMRA representatives lunch with program director (and Dean, if convenient)

1:30 - 2:30 p.m. - Interviews with students. Separate half-hour meetings with junior and senior classes

2:30 - 3:30 p.m. - Meeting with MRA Program Advisory Committee

3:30 - 4:30 p.m. - Meeting with Supervisors of Directed Clinical Practice and the Management Affiliations

4:30 - 5:00 p.m. - Visit Practice Laboratory and Classrooms

SECOND DAY

8:30 - 10:00 a.m. - Complete conferences with faculty responsible for Medical Record Science Courses

10:00 - 11:00 a.m. - Meet with faculty for Data Processing and Organization and Management courses

11:00 - 12:00 noon - Open. Survey team members may request appointments with appropriate persons to clarify findings or revisit specific areas

12:00 noon - 1:30 p.m. - Business Lunch. Survey team only

- 1:30 - 2:30 p.m. - Meet with Program Director to review and clarify findings
- 2:30 - 3:00 p.m. - Conference of survey team members only to complete summary report for final conference
- 3:00 - 3:30 p.m. - Final conference with Program Director, Dean, and other Administrative Officers. Survey Team to give verbal report and recommendations

G. APPEALS PROCEDURES

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It is unlikely that the trained program evaluator will be a member of a site evaluation survey which culminates in an appeal of the accreditation decision. Only one or two appeals have been received in the last year by the CAHEA.

It may be more likely that the surveyor serves on a site visit team that is responding to a complaint received.

For the above reasons, and because the surveyor should be knowledgeable about the due process procedures available in the case of a complaint or an appeal, that procedures governing both are presented.

For complete understanding of the procedures the reader should keep in mind the distinction between an appeal and a complaint.

An appeal always refers to the accreditation decision made by CAHEA. If a program feels the decision was arbitrary, capricious or otherwise not in accordance with the accreditation standards and procedures of CAHEA, or not supported by substantial evidence, they may appeal the accreditation decision.

On the other hand a complaint is an allegation, in variance from published findings, that the program may not be in substantial compliance with the *Essentials* or established CAHEA accreditation policies.

Complaints can arise from many sources. Students may suggest that a given *Essential* is being violated by the program. An example of a student

complaint might be that the student was in fact being used in the place of paid professionals as part of his or her clinical training, or that the student was discriminated against, or that program officials were not actively involved in the program. Parents, governing agencies, and program administrators of other programs are also possible sources of complaints.

Complaints on occasion come from program administrators who allege that the conduct of the surveyors was capricious, unethical or prejudicial.

Finally, CAHEA procedures require that site visit teams alert programs to the fact that due process procedures do exist. This is usually conveyed to them in the summation interview. The prospective surveyor should acquaint himself with the procedures so as to be able to answer any questions that may arise at that time.

H. CONSOLIDATED SURVEYS: TRAIL AS A NEW PROCEDURE

H. CONSOLIDATION OF EVALUATION SURVEYS

The Committee on Allied Health Education and Accreditation continues to place emphasis upon coordination of on-site evaluation of allied health teaching programs within its accreditation purview, as well as active cooperation with regional accrediting bodies and other programmatic accrediting agencies. CAHEA has adopted a policy statement supporting and encouraging joint accreditation activities, maintenance of individual evaluation reports based upon the concept that accreditation status of any single program will not be contingent upon the quality of other allied health programs within the same institution, and encouraging participation by interested state licensure or national certifying bodies.

Among the various types of consolidation of evaluation activity are participation in institutional surveys conducted under the auspices of regional accrediting bodies, joint surveys of multiple allied health professional programs within a single institution and affiliated facilities, multi-program hospital surveys and coordination with state accrediting agencies. Program evaluation surveys are also being conducted on a multi-institutional basis within expanded geographical areas, usually in a single allied health discipline.

Among the factors supporting the need for consolidation of evaluation surveys are convenience to the educational institution, liaison between representatives of various review committees resulting in a "cross fertilization" effect, reduction or elimination of frequent but separate survey visits to the same institution, and economies in time and dollars that may be effected. Perhaps the last of these factors has remained

the least developed and most needed in survey experience within the past five years. In virtually every consolidated survey conducted under CAHEA auspices, the number of individuals involved in the multi-disciplinary survey team has been equal to, or greater than, the number which would have participated in individual surveys for the same disciplines. Compounding this problem is the fact that consolidated surveys are almost invariably extended over a greater length of time than is usually spent by individual survey teams. Consequently, potential economies in hours spent in the evaluation process, and dollars expended for travel expenses of survey teams, have not been realized.

In view of the complexities of the multi-disciplinary survey which require allotment of time for both joint evaluation activities and individual program assessment, it is unlikely that on-site survey functions can be completed in less than two and one-half days. Consequently, if real economies are to be implemented, this must be accomplished through reduction in the size of the total survey team. Ideally, the multi-disciplinary survey team may be structured to include a single physician-educator who could serve as on-site consultant to each of the components of the survey team, as well as a single representative from each of the disciplines subject to evaluation. In instances where multiple affiliates are involved the non-physician component of the survey team could be augmented as necessary.

Consolidated surveys are conducted only at the request of the chief executive officer of the sponsoring educational institution. The AMA Department of Allied Health Evaluation has been responsive to all requests for coordinated surveys, and they have been implemented to the extent possible within the limitations of existing survey and resurvey schedules.

I. SELF STUDY: EXTENDED READING

I. SELF STUDY OUTLINE: EXTENDED READING

Self-study has been developed for use as an integral part of the accreditation process. The administration of an institution sponsoring an allied health educational program evaluates the quality of that program as part of the overall administrative process: the chief executive officer of the institution uses such a self-study evaluation in setting priorities, allocating space and budget, determining faculty and staff needs, etc.

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The self-study offers a method by which a program director can utilize personnel in program assessment: analyzing its strengths and weaknesses, and offering possible solutions for improvement. The on-site assessment team and review committee analyze the self-study to determine whether there is compliance with the *Essentials*. The self-study is also used as a basic source of information for external sources to provide guidance and consultation.

1. *Characteristics*

There are several characteristics that are essential for an effective self-study. The self-study should be comprehensive in scope, assessing every aspect of a program's operation. This includes an assessment of such components as curriculum, students, faculty, organization and administration, financial resources, physical facilities and learning resources. The self-study should have broad involvement of all concerned

with the program. It should not be an activity of faculty alone or administration alone. The self-study should be analytic, identifying programmatic strengths and weaknesses and problem areas. From this analysis, it should present recommendations to remedy concerns as identified. Finally, the self-study should project the program into the future, identifying short and long term concerns and goals and ways the program intends to grow within the purview of the *Essentials*.

2. *Procedures for designing a self-study*

A properly carried out self-study is a major undertaking; it is time consuming and involves resource commitment. The following methodology is suggested in order to facilitate a program's efforts in planning and conducting a self-study.

- a. *Identification of Objectives with reference to the Essentials.* Appropriate questions should be formulated that will help determine the status of the program in relation to the established objectives, and the *Essentials* that must be addressed if the self-study is part of an accreditation process. Questions may be generated from recommendations of administration and/or faculty.

The self-study asks: What is the program's role in the parent institution and the community? How is this role being realized? How is the curriculum

reflective of the purposes of the parent institution and of the program? How are the students selected? How does the number of students enrolled at the present compare with those of a few years ago or with those projected for the future? Is the character of the student body different now? How well have the graduates done in national examinations?

The self-study examines teaching methods utilized now in relationship to those in the past: what methods are used in evaluating such teaching and how do the evaluations of the faculty and the teaching methods compare with those used previously? Is the quality of the faculty appropriate for their responsibilities? Are they experienced both in the practice of their discipline as well as the teaching of it? Are faculty work loads appropriate for the number of students involved and the type of educational experiences selected?

Is the quantity and quality of learning resources sufficient? Are facilities, both on-site as well as clinical, appropriate for the proper education of students? Is the equipment utilized and the supplies provided to the students up-to-date and complete? Are there sufficient numbers of classrooms, laboratories and study spaces?

Does the administrative structure of the program allow for progressive change and loss in implementation of the educational programs? Is there evidence of both short and long-range planning?

- b. *Identification of data and activities.* Once appropriate questions have been formulated, data necessary for answering the questions must be obtained. *Guidelines* usually are published; they help educational program personnel better understand the intent and scope of the *Essentials*.
- c. *Selection of involved personnel.* The scope and depth of the questions generally will determine who is to be involved in specific self-study activities. As a rule, all individuals who share a significant interest in the program should be involved; their degree of involvement would correspond to their interest. These individuals may be administrative personnel, instructional personnel, students, graduates, advisory committee members, other related academic personnel, outside experts, and employers of graduates. (They should not be assigned tasks without being oriented to the purposes and the procedures of the self-study.)

Individuals who will be responsible for the decision-making judgments to be entered into the self-

study also must be identified. (Identification of strengths, concerns regarding the program, and recommendations for improvement, constitute key judgments.)

- d. *Identification of a time schedule.* Once activities and personnel have been identified, an overall time schedule should be established for the entire self-study and for each individual activity. Periodic progress reports should be programmed within the general time frame of the self-study, and a date for the final report should be determined. At this point, tentative dates for accreditation activities may be established.
- e. *Development of format for reporting data.* Data may be reported in a number of ways, as determined by the type of data collected. Some examples include tallies, percentages, averages and narrative. Curriculum information might include curriculum objectives, course outlines, method of curriculum planning, and curriculum assessment. Organization and administration might include organizational charts, written by-laws and policy manuals. Student data could include admission criteria, retention and dismissal tallies, student records, and use of student services.

f. *Decisions and development of the final report.*

Following the collection of data, judgments must be made regarding the strengths and areas of concern for the program. These judgments are incorporated into a final report for the administration and faculty who may use it in future program planning. It is also the report that is sent to the accrediting agency if the self-study is part of an accreditation process.

3. *Self-study as a continuing process*

The self-study as an approach to evaluation allows a program to take initiative in analyzing itself and in establishing ways for improvement that will help maintain the educational quality that must exist if the program is to remain viable in future years. It then uses the accreditation process as a means of substantiating the self-study report to the community of interests.

Self-study is the continuing process of quality maintenance and program improvement.

4. *"Application" and self-study*

For the purposes of time and money savings, an application form for accreditation may be combined with the self-study outline. However, this may be done only at the discretion of the review committee which finally receives the completed self-study. Where the combination is found to be feasible,

the review committee approves a single form and outline for program personnel to use. However, many review committees continue to use separate application and self-study outline forms.

The prospective program evaluator should understand and appreciate the scope of organization and work necessary to a well-conducted self-study.

5. *Organizing and Conducting the Self-Study*

a. Definition

Self-study is an analysis of the resources available to a postsecondary training program and of the effectiveness of their application by the members of the institutional academic community. In a self-study the faculty, administrative officers, students, members of the governing body and graduates of the program make their own appraisal of its present status of accomplishment and construct a statement of their collective expectations of the program for the future.

Through the process of self-study, the program calls upon representatives of the various elements of the institution to reflect on and refine the purposes of the program, determine its effectiveness by identifying strengths and weaknesses and by making recommendations for improvement to the full academic community and to the proper recognized national accrediting body.

The Basic Nature of a Programmatic Self-Study.

These questions suggest the nature of self-study:

1. What are this program's *objectives* and what obligations does it have?
2. What is the *constituency* of the program?
3. Are the objectives appropriate? Now? Here? For its constituency?

4. Are the educational and service activities consistent with its realistic objectives?
5. Are the activities designed to achieve its objectives?
6. Are the resources adequate to carry out the program and its activities? Will adequate resources continue to be available? If resources should diminish, where should reduction of program activity occur?
7. Is there reason to believe the objectives are being achieved? What is the evidence?
8. What recommendations can be made for improvement of efficiency of the program?

Timing and Cost

Self-study is a major enterprise but can be rewarding to the program if it is done well. Of course, when the committee structure is used the self-study could consume several years filled with redundant dialogue, or could be done successfully within a single academic cycle or less. The "Typical Time Schedule" which follows attempts to indicate a reasonable temporal framework for a self-study of a typical program, culminating in an accreditation survey visit.

The cost should not be excessive (except that the extra printing bill may represent a minor nuisance). It is not likely that extra personnel will be needed: the educa-

tion date base can be generated mostly from data already available internally.

Principles For Organization of The Self-Study

1. The self-study is an analytic project beyond the competence of either administrators or faculty members alone. They need to join forces with students, alumni and members of the advisory committee to do a successful study.
2. All appropriate elements of the academic and training practice communities should understand and take responsibility for their appropriate part of the study and its final report.
3. A small steering committee of two or three persons, chaired by the Program Director, should plan the work, keep it in balance, suggest varied approaches to problems, hold subcommittees to deadlines, and edit the final report as it is cleared by the program self-study task force.

Typical Time Schedule for the Self-Study
Program Accreditation Process

Activity	Months
1. Agency mails instruction letter to Program Director after receiving invitation from chief executive officer.	12-9
2. Agency mails Program Director self-study outline.	12-9
3. Program Director distributes outline to faculty, etc.	9-6
4. Program Director appoints members of program self-study task force.	9-6
5. Task force subcommittees review data and write critique of assignment; report is forwarded to the task force.	6-4
6. Self-study task force establishes its objectives; scope of study; sets subcommittees.	6-4
7. Program Director collects completed contributions; copies for self-study task force and subcommittees.	5-4
8. Accreditation agency sets survey visit dates with Program Director.	3-2
9. Agency recruits members of the on-site evaluation team.	4-3
10. Program task force, as a whole, reviews subcommittee reports; prepares detailed lists of: strengths weaknesses recommendations for improvement of the educational program.	4-3
11. Program Director sends copies of final program self-study report to the appropriate agency representatives.	2 minus months
12. Evaluation team visits campus; reviews all components of the program; writes report for the agency.	0
13. Team report is returned to the institution for review and comment.	plus months

Activity	Months
14. Accreditation agency considers evaluation team report; makes official decision on accreditation.	2-3
15. President and Program Director sent agency decision.	3-4

How to Organize the Self-Study

1. *Self-study outline*

The accrediting agency should furnish the Program Director with an outline to be used in obtaining data about the administrative and support units of the institution (Admissions, Counseling, Library, and related). A self-analysis of the strengths and weaknesses of the units by their administrative heads should be conducted. This essential first activity can proceed while the program self-study is being structured; the completed information should be ready for delivery to special purpose subcommittees soon after these are established.

2. *Program self-study task force*

a. *Composition of the program self-study task force*

The national experience of American universities with program self-study, as well as the stipulations of the national associations of accrediting authorities and the Office of Education, DHEW, indicate the following types of persons should be represented on a self-study task force:

Program faculty

Administrators of the school: academic, fiscal,
managerial

Faculty of participating departments

Supervisors of any training practice phases

Students

Graduates of the program

Advisory Committee Members

General university administration and/or faculty,
e.g., Director of Admissions (etc.)

Employers of graduates, as possible

b. *Functions of the self-study task force*

This group of people is expected to receive the completed information from the several components of the institution, review it and the self-analysis of each component submitted by the director or professional staff thereof, and obtain appropriate approval of the material.

The task force should then define its specific tasks.

In any arrangement, however, the task force should be responsible for final preparation of the self-study document to be forwarded to the accrediting agency in the requested number of copies, *no later than six weeks prior to the scheduled site-visit evaluation.*

c. *Organization of the self-study task force*

(1) Chairperson

The Program Director is usually the logical Chairperson.

(2) Steering Committee

The Chairperson should be aided and guided

by a small executive group, drawn from the full task force.

- (3) If the institution, of which the program is a part, has conducted an institutional self-study under direction of the regional accrediting body or other body, the Chairperson and the members of the steering committee might benefit from consultation with the institutional officials who directed the study and a review of the final report prepared by the self-study committee. Note: Whenever practical, the accrediting agency will cooperate with bodies such as the regional accrediting body in an institution-wide self-study.
- (4) The self-study task force Chairperson (and steering committee) should appoint a series of subcommittees which are to be charged with the review and analysis of the effectiveness and adequacy of an assigned component of the study. Each subcommittee should be furnished with that portion of the education data base pertinent to the study assigned to the subcommittee.

Each subcommittee should review the data and opinions furnished to it, seek additional data *ad lib*, and proceed to develop a general analysis of the area assigned, developing a

list of strengths, weaknesses, and recommendations for improvement.

Each subcommittee should forward its report (analysis) to the Chairperson of the self-study task force with dispatch. One to two months should be sufficient for the subcommittees to complete their reports. Realistic deadlines should be established, a system of reminders developed and the subcommittees held to their responsibilities.

In the event that a consensus of opinion and judgment cannot be reached, a minority report may be added to the general report of the majority.

- d. The accrediting agency is ready to respond to questions that may arise regarding the study.
- e. After receiving and reviewing reports from its subcommittees, the self-study task force should proceed to construct its final assessment of the program plus such other activities as were adopted as objectives by the task force. It is essential that the report of the task force be finished at least two months before arrival of the accreditation evaluation team.

SUGGESTED READINGS

1. *Code of Federal Regulations*, Title 45, Part 149, Subpart A - "Criteria for Nationally Recognized Accrediting Agencies and Associations" (published in the *Federal Register*, Vol. 39, pp. 30041-30045, August 20, 1974).
2. Holzemer, William. "A Protocol for Program Evaluation." *Journal of Medical Education*. 11 (February, 1976), p. 101-108.
3. "Institutional Accreditation: New Forms of Self-Study." Herbert Kells, *Educational Record*, Spring, 1972; American Council on Education.
4. Miller, George E. et al. *Teaching and Learning in Medical School*. Cambridge: Harvard University Press, 1962.
5. *Self-Study Outline*, American Medical Association, Department of Allied Health Evaluation.
6. Southern Association of Colleges and Schools. *Manual for the Institutional Self Study Program of the Commission on Colleges*. Atlanta: Southern Association of Colleges and Schools, 1974.
7. Wentling, T.L. and Lawson, T.E. *Evaluating Occupational Education and Training Programs*. Boston: Allyn and Bacon, Inc., 1975.
8. Worthen, B.R. and Sanders, J.R. *Educational Evaluation: Theory and Practice*. Worthington, Ohio: Charles A. Jones Publishing Company, 1973.

Appendix 1

U.S. Office of Education Criteria

Section 149.6 *Criteria.*

In requesting designation by the U.S. Commissioner of Education as a nationally recognized accrediting agency or association, an accrediting agency or association must show:

(a) *Functional aspects.* Its functional aspects will be demonstrated by:

(1) *Its scope of operations:*

- (i) The agency or association is national or regional in its scope of operations.
- (ii) The agency or association clearly defines in its charter, by-laws or accrediting standards the scope of its activities, including the geographical area and the types and levels of institutions or programs covered.

(2) *Its organization:*

- (i) The agency or association has the administrative personnel and procedures to carry out its operations in a timely and effective manner.
- (ii) The agency or association defines its fiscal needs, manages its expenditures, and has adequate financial resources to carry out its operations, as shown by an externally audited financial statement.
- (iii) The agency's or association's fees, if any, for the accreditation process do not exceed the reasonable cost of sustaining and improving the process.
- (iv) The agency or association uses competent and knowledgeable persons, qualified by experience and training, and selects such persons in accordance with nondiscriminatory practices:
 - (A) to participate on visiting evaluation teams;
 - (B) to engage in consultative services for the evaluation and accreditation process; and
 - (C) to serve on policy and decision-making bodies.
- (v) The agency or association includes on each visiting evaluation team at least one person who is not a member of its policy or decision-making body or its administrative staff.

(3) *Its procedures:*

- (i) The agency or association maintains clear definitions of each level of accreditation status and has clearly written

procedures for granting, denying, reaffirming, revoking, and reinstating such accredited statuses.

- (ii) The agency or association, if it has developed a pre-accreditation status, provides for the application of criteria and procedures that are related in an appropriate manner to those employed for accreditation.
- (iii) The agency or association requires, as an integral part of its accrediting process, institutional or program self-analysis and an on-site review by a visiting team.

(A) The self-analysis shall be a qualitative assessment of the strengths and limitations of the institution or program, including the achievement of institutional or program objectives, and should involve a representative portion of the institution's administrative staff, teaching faculty, students, governing body, and other appropriate constituencies.

(B) The agency or association provides written and consultative guidance to the institution or program and to the visiting team.

(b) *Responsibility.* Its responsibility will be demonstrated by the way in which:

- (1) Its accreditation in the field in which it operates serves clearly identified needs, as follows:

- (i) The agency's or association's accreditation program takes into account the rights, responsibilities, and interests of students, the general public, the academic, professional, or occupational fields involved, and institutions.
- (ii) The agency's or association's purposes and objectives are clearly defined in its charter, by-laws, or accrediting standards.

- (2) It is responsive to the public interest, in that:

- (i) The agency or association includes representatives of the public in its policy and decision-making bodies, or in an advisory or consultative capacity that assures attention by the policy and decision-making bodies.
- (ii) The agency or association publishes or otherwise makes publicly available:

(A) The standards by which institutions or programs are evaluated;

(B) The procedures utilized in arriving at decisions regarding the accreditation status of an institution or program;

- (C) The current accreditation status of institutions or programs and the date of the next currently scheduled review or reconsideration of accreditation;
 - (D) The names and affiliations of members of its policy and decision-making bodies, and the name(s) of its principal administrative personnel;
 - (E) A description of the ownership, control and type of legal organization of the agency or association.
- (iii) The agency or association provides advance notice of proposed or revised standards to all persons, institutions, and organizations significantly affected by its accrediting process, and provides such persons, institutions and organizations adequate opportunity to comment on such standards prior to their adoption.
 - (iv) The agency or association has written procedures for the review of complaints pertaining to institutional or program quality, as these relate to the agency's standards and demonstrates that such procedures are adequate to provide timely treatment of such complaints in a manner that is fair and equitable to the complainant and to the institution or program.
- (3) It assures due process in its accrediting procedures, as demonstrated in part by:
 - (i) Affording initial evaluation of the institutions or programs only when the chief executive officer of the institution applies for accreditation of the institution or any of its programs;
 - (ii) Providing for adequate discussion during an on-site visit between the visiting team and the faculty, administrative staff, students, and other appropriate persons;
 - (iii) Furnishing, as a result of an evaluation visit, a written report to the institution or program commenting on areas of strengths, areas needing improvement and, when appropriate, suggesting means of improvement and including specific areas, if any, where the institution or program may not be in compliance with the agency's standards;
 - (iv) Providing the chief executive officer of the institution or program with an opportunity to comment upon the written report and to file supplemental materials pertinent to the facts and conclusions in the written report of the visiting team before the accrediting agency or association takes action on the report;
 - (v) Evaluating, when appropriate, the report of the visiting team in the presence of a member of the team, preferably the chairman;

- (vi) Providing for the withdrawal of accreditation only for cause, after review, or when the institution or program does not permit re-evaluation, after due notice;
- (vii) Providing the chief executive officer of the institution with a specific statement of reasons for any adverse accrediting action, and notice of the right to appeal such action;
- (viii) Establishing and implementing published rules of procedure regarding appeals which will provide for:
 - (A) No change in the accreditation status of the institution or program pending disposition of an appeal;
 - (B) Right to a hearing before the appeal body;
 - (C) Supplying the chief executive officer of the institution with a written decision of the appeal body, including a statement of specifics.
- (4) It has demonstrated capability and willingness to foster ethical practices among the institutions or programs which it accredits, including equitable student tuition refunds and nondiscriminatory practices in admissions and employment.
- (5) It maintains a program of evaluation of its educational standards designed to assess their validity and reliability.
- (6) It secures sufficient qualitative information regarding the institution or program which shows an on-going program of evaluation of outputs consistent with the educational goals of the institution or program.
- (7) It encourages experimental and innovative programs to the extent that these are conceived and implemented in a manner which ensures the quality and integrity of the institution or program.
- (8) It accredits only those institutions or programs which meet its published standards, and demonstrates that its standards; policies, and procedures are fairly applied and that its evaluations are conducted and decisions rendered under conditions that assure an impartial and objective judgment.
- (9) It re-evaluates at reasonable intervals institutions or programs which it has accredited.
- (10) It requires that any reference to its accreditation of accredited institutions and programs clearly specifies the areas and levels for which accreditation has been received.
- (c) *Reliability.* Its reliability is demonstrated by:
 - (1) Acceptance throughout the United States of its policies, evaluation methods, and decisions by educators, educational insti-

tutions, licensing bodies, practitioners, and employers;

- (2) Regular review of its standards, policies and procedures, in order that the evaluative process shall support constructive analysis, emphasize factors of critical importance, and reflect the educational and training needs of the student;
 - (3) Not less than two years' experience as an accrediting agency or association;
 - (4) Reflection in the composition of its policy and decision-making bodies of the community of interests directly affected by the scope of its accreditation.
- (d) *Autonomous*. Its autonomy is demonstrated by evidence that:
- (1) It performs no function that would be inconsistent with the formation of an independent judgment of the quality of an educational program or institution;
 - (2) It provides in its operating procedures against conflict of interest in the rendering of its judgments and decisions.

(20 U.S.C. 1141(a))

Appendix 2

Council on Postsecondary Accreditation Provision

PROVISIONS FOR RECOGNITION AND FOR CHANGE OF SCOPE

An applicant for recognition by COPA should demonstrate that it complies with certain specific provisions.

A. Concerning its organizational structure, an agency -

1. Is a nongovernmental body with operational independence for making objective judgments;
2. Conducts accrediting activities on a national or regional basis;
3. Has the human and financial resources to maintain effective evaluation and reevaluation procedures on a professional basis; and
4. Accredits institutions or programs that are classified as primarily postsecondary, properly chartered and licensed to operate and offer instruction leading to degrees, diplomas, or certificates with educational validity.

B. Concerning its public responsibility, an agency -

1. Demonstrates reliability, competence, and experience by providing evidence of the acceptance of its policies, evaluative criteria, procedures, and evaluation decisions by educators, educational institutions, other accrediting bodies, practitioners, and employers;
2. Reflects within its evaluation, policy and decision-making processes the community of interests directly affected by the scope of its accreditation;
3. Describes fully in official public documents its accrediting scope, including delineation of any accrediting activity for which it is not recognized by COPA;
4. Publishes at least annually a current listing of institutions and programs accredited by it; and
5. Makes publicly available academic and professional information about members of its policy and decision-making bodies and its administrative personnel.

C. Concerning its evaluative practices and procedures, an agency -

1. Provides evidence of periodic review and modification (where necessary) of its evaluative criteria, but modifies only after providing advance notice to and opportunity for comment by persons, institutions, and organizations significantly affected;

2. Publishes its evaluative criteria and its procedures for applying them;
 3. Maintains clear definitions of each accreditation status including pre-accreditation status if offered, and has clear, written procedures for granting, denying, reaffirming, revoking, and re-instating all such statuses;
 4. Requires as an integral part of its accrediting process a self-analysis by the program or institution and an on-site review by a visiting team, or a validated equivalent of each;
 5. Provides both written and oral consultative guidance to the institutions or programs wherever it is appropriate to do so during the accrediting process;
 6. Designs data-gathering instruments that, insofar as practicable, are non-duplicative of those required of the institution by other accrediting bodies or governmental agencies, and which not only facilitate the evaluation process for accreditation but stimulate the institutions or programs to continuous self-evaluation;
 7. Appoints to visiting teams, in consultation with institutions or programs, persons who are competent by virtue of experience, training, and orientation, taking reasonable precautions to insure that those selected will be able to develop, render, and articulate objective opinions and decisions free of self-interest and professional bias;
 8. Provides during the on-site visit for scheduled dialogue between team members and the faculty, staff, administrators, students, and other interested parties;
 9. Considers accreditation actions only after the chief administrator of the institution and of the programs has been given opportunity and time to comment on the report of the visiting teams;
 10. Permits the withdrawal of a request for initial accreditation at any time prior to the accreditation decision; and
 11. Notifies institutions and programs promptly of accreditation decisions, giving reasons for the actions.
- D. Concerning educational philosophy and procedures pertaining thereto, an agency -
1. Recognizes the right of institutions or programs to be evaluated in the light of their own stated purposes so long as those purposes demonstrably fall within and adequately reflect the definitions of general educational purposes or programs established by the accrediting body;
 2. Develops and interprets its evaluative criteria within a philo-

sophical framework that allows and encourages institutional freedom and autonomy;

3. Examines and evaluates a program on the basis of its relationship to the operational goals of the total institution;
 4. Facilitates educational experimentation and innovation, striving always to evaluate new forms within their proper contexts; add
 5. Agrees to maintain the confidentiality, insofar as possible, of those portions of the accreditation process without which the process would be weakened; provided, however, that the evaluation report is considered to be the property of the institution and that the institution may make such distribution of the report (or its contents accurately and fairly reported) as it chooses.
- E. Concerning other matters of procedure, cooperation, and coordination, an agency -
1. Publishes for the benefit of institutions and programs appropriate and fair procedures for processing applications for accreditation and for appeals from accreditation actions and decisions;
 2. Evaluates initially an institution or program only at the invitation of or with the concurrence of the chief executive officer of the institution involved;
 3. Cooperates with other accrediting bodies, insofar as feasible, in scheduling and conducting joint on-site visits as well as in other phases of the accrediting process that might be requested by the institution;
 4. Assesses only reasonable fees and dues for its accrediting services;
 5. Advises COPA of any substantive procedural or organizational changes within the accrediting body or within its parent body if the latter might affect the accrediting activities or the agency's recognized status; and
 6. Files routinely with COPA those documents, minutes, and other material pertaining to its activities and complies with reasonable requests by COPA for other data or information.

COMMITTEE ON ALLIED HEALTH EDUCATION AND ACCREDITATION

For more than 40 years the American Medical Association and collaborating organizations have been accrediting educational programs for a growing list of allied health occupations. By 1976, 27 national professional medical specialty and allied health organizations were collaborating with the AMA Council on Medical Education and there were nearly 3000 active accredited programs.

In December 1976, the AMA House of Delegates elected to establish a body for accreditation which would have broad representation from the accreditation community of interests and the public. This body was also to be independent of judgement in accreditation matters and its decisions would be final. In effect, the vote to establish this autonomous committee meant that the AMA was no longer the accrediting body but was now one organization, among 27, that collaborated with the new agency in accrediting allied health programs. The new body was to be called the Committee on Allied Health Education and Accreditation (CAHEA).

CAHEA held its organizational meeting in January, 1977. In addition to assuming the accreditation responsibilities, formerly the responsibility of the AMA Council on Medical Education, it immediately began to identify problems and issues in accreditation and to establish priorities for change. This process of "rethinking" the problems was assisted by the addition to the committee of additional members from the academic community and the allied health academic organizations resulted in presentations and discussions that focused CAHEA's attention on fragmentation and the need to streamline the accreditation process so as to avoid duplication of efforts and reduce the disruption in the academic community caused by accreditation processes. These concerns have already borne some fruit in that a CAHEA program has already begun which offers the universities and colleges the opportunity to have one site-visit every 4 or 5 years, for both institutional and programmatic accreditation, rather than many visits over the course of 4 or 5 years to achieve the same objective. In this instance, at least, CAHEA believes it is meeting a basic responsibility of serving as the agency that can coordinate the activities of the 27 organizations associated with it and also can relate to and include the regional and other professional organizations not directly related to it.

The current membership of the committee and its charge are included for your further understanding of the Committee on Allied Health Education and Accreditation.

PURPOSES AND RESPONSIBILITIES
OF
THE COMMITTEE ON ALLIED HEALTH EDUCATION AND ACCREDITATION

1. To evaluate and accredit allied health education programs for which *Essentials* have been adopted by the collaborating organizations and the American Medical Association, Council on Medical Education.
2. To review periodically existing allied health education *Essentials* and accreditation procedures.
3. To maintain active liaison with the collaborating medical specialty and allied health associations in a consortium for the accreditation of allied health education programs; and in relationship to allied health education to maintain active liaison with the American Society of Allied Health Professions, Association of Academic Health Centers, National Health Council, and federal agencies such as the Office of Education, Veterans Administration, and the Army, Navy, and Air Force.
4. To establish and maintain liaison with technical and professional groups which are allied to medicine but for which no *Essentials* have been adopted in collaboration with the American Medical Association.
5. To maintain liaison with institutions conducting accredited allied health education programs, such as community and junior colleges, four-year colleges, universities, schools of allied health professions, hospitals and clinics, proprietary schools, and vocational and technical institutes.
6. When new allied health occupations have been recognized by the American Medical Association, to work with the most directly concerned medical specialty, allied health, and other national professional organizations to draft minimal standards as *Essentials* for an accredited allied health educational program, and to establish collaborative relationships with the concerned organizations to accredit educational programs.

MEMBERSHIP
OF
THE COMMITTEE ON ALLIED HEALTH EDUCATION AND ACCREDITATION

The fourteen members of the Committee on Allied Health Education and Accreditation should include persons having broad interest and competence in the fields of the allied health professions and services:

1. Members of the allied health professions and services having competence in educational matters.
2. Hospital administrators having jurisdiction over multiple allied health programs and major interest in the education of the manpower supply in the allied health fields.
3. Practicing physicians interested in the concept of the cooperative provision of health care through the use of the health team.
4. Educational, institutional administrators and educators who are experienced and concerned with broad areas of health education.
5. Members of the broad field of postsecondary education outside the field of medicine.
6. An allied health student or recent graduate of allied health education.
7. Members of the informed public.

ORGANIZATIONS COLLABORATING WITH
THE COMMITTEE ON ALLIED HEALTH EDUCATION AND ACCREDITATION

Assistant to the Primary Care Physician
Surgeons's Assistant

Joint Review Committee on Educational Programs for the Physician's Assistants sponsored by:

American Academy of Family Physicians
American Academy of Pediatrics
American Academy of Physicians' Assistants
American College of Physicians
American College of Surgeons
American Society of Internal Medicine

Cytotechnologist

Cytotechnology Programs Review Committee sponsored by:
American Society of Cytology

Histologic Technician
Laboratory Assistant
Medical Laboratory Technician
Medical Technologist

National Accrediting Agency for Clinical Laboratory Sciences
sponsored by:

American Society of Clinical Pathologists
American Society for Medical Technology

Medical Assistant

Curriculum Review Board sponsored by:
American Association of Medical Assistants

Medical Record Administrator
Medical Record Technician

Education and Registration Committee sponsored by:
American Medical Record Association

....continued....

Nuclear Medicine Technologist

Joint Review Committee on Educational Programs in Nuclear Medicine Technology sponsored by:

American College of Radiology
American Society for Medical Technology
American Society of Clinical Pathologists
American Society of Radiologic Technologists
Society of Nuclear Medicine

Occupational Therapist

Accreditation Committee sponsored by:
American Occupational Therapy Association

Operating Room Technician (*Recognition by the US Office of Education is being requested*)

Joint Review Committee on Education for the Operating Room Technician sponsored by:

American College of Surgeons
American Hospital Association
Association of Operating Room Technicians

Physical Therapist

Review Committee on Physical Therapy Education

Radiation Therapy Technologist
Radiologic Technologist

Joint Review Committee on Education in Radiologic Technology sponsored by:

American College of Radiology
American Society of Radiologic Technologists

Respiratory Therapist
Respiratory Therapy Technician

Joint Review Committee for Respiratory Therapy Education sponsored by:

American Association for Respiratory Therapy
American College of Chest Physicians
American Society of Anesthesiologists
American Thoracic Society

Specialist in Blood Bank Technology

Committee on Education sponsored by:
American Association of Blood Banks

COMMITTEE ON ALLIED HEALTH EDUCATION AND ACCREDITATION

Office of the Secretary

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Samuel B. Feitelberg, Chairperson
Department of Physical Therapy
School of Allied Health Sciences
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Vacancies:

Public Representative
Student/Recent Graduate

J. Rhodes Haverty, M.D., Dean
School of Allied Health Sciences
Georgia State University
33 Gilmer Street, S.E.
Atlanta, Georgia 30303
(404) 658-3030

James J. Humes, M.D., *Vice Chairman*
Vice President of Medical Affairs
Director of Laboratories
St. John Hospital
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Appendix 4

Essentials of an Accredited Educational Program for the Medical Assistant*

Adopted 1969; revised June, 1971; revised January, 1977

Approved by the

AMERICAN MEDICAL ASSOCIATION

in collaboration with the

AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS

PREAMBLE

PURPOSE: The American Medical Association (AMA) and the American Association of Medical Assistants (AAMA) cooperate in this program of accreditation to establish and maintain standards of appropriate quality for educational programs for the medical assistant, and to provide recognition for educational programs which meet or exceed the minimal standards outlined in these Essentials. These standards also are to be used for the development and self-evaluation of educational programs for the medical assistant.

Lists of accredited programs are published for the information of employers and the public.

DESCRIPTION OF THE OCCUPATION: Medical assistants are broadly defined as individuals who assist physicians in their offices or other medical settings, performing those administrative and/or clinical duties delegated in relation to the degree of training and in accord with respective state laws governing such actions and activities. Medical assistants have a wide range of duties in many aspects of the physician's practice.

Their business-administrative duties include scheduling and receiving patients; obtaining patients' data; maintaining medical records; typing and medical transcription; handling telephone calls, correspondence, reports and manuscripts; and assuming responsibility for office care, insurance matters, office accounts, fees and collections.

Their clinical duties may include preparing the patient for examination, obtaining vital signs, taking medical histories, assisting with examinations and treatments, performing routine office laboratory procedures and electrocardiograms, sterilizing instruments and equipment for office procedures, and instructing patients in preparation for x-ray and laboratory examinations.

Both administrative and clinical duties involve purchasing and maintaining supplies and equipment. A medical assistant who is sufficiently qualified by education and/or experience may be responsible for personnel and office management.

OBJECTIVES: Graduates of accredited medical assisting programs are trained to work with and under the direction of physicians to provide quality health care services. Graduates should demonstrate an equal balance of administrative and clinical competencies in the basic subjects. These com-

petencies are developed within the training program from an initial foundation of basic science, communication and human relations skills.

The program includes thorough preparation and demonstrated understanding of the ethical and legal responsibilities of the medical assistant in the health care delivery system. Graduates will have validated their competencies to the employing medical community through supervised externship experience in both administrative and clinical skills.

REQUIREMENTS FOR ACCREDITATION

I. ELIGIBILITY REQUIREMENTS

Educational programs must be established at the post-secondary level. These programs may be offered by:

- A. Junior and community colleges
- B. Senior colleges and universities
- C. Vocational/technical schools and institutions
- D. Proprietary educational institutions
- E. Military-based schools

The institution shall hold, or have candidate status for, accreditation by an agency recognized by the U.S. Office of Education, or be otherwise acceptable to the AMA and the AAMA. The institution must have the necessary clinical facilities and/or educational affiliations to provide required learning experiences for the student.

II. STANDARDS OF PROFESSIONAL PRACTICE

The medical assisting program must be conducted without discrimination on the basis of race, color, creed, sex, age or ethnic origin. This principle applies to the selection of students, classroom and affiliation instructors, other staff members and to all aspects of the organization and administration of the medical assisting program. There shall be a published statement of the standards of professional practice observed by the institution that sponsors the medical assisting program.

III. FACILITIES

- A. General—Adequate classrooms, laboratories, and administrative offices shall be provided to meet the needs of the number of students enrolled.
- B. Laboratory—Appropriate up-to-date equipment and supplies for directed experience shall be available in sufficient quantities for student participation.

*Guidelines that accompany these *Essentials* contain recommendations and suggestions for implementation.

- C. Library—A library shall be readily accessible and contain an adequate supply of up-to-date scientific books, periodicals, and other reference materials related to the curriculum.
- D. Audio-visual Resources—Adequate, up-to-date non-print media and equipment, models, films and other teaching aids shall be available for classroom instruction.

IV. EDUCATIONAL AFFILIATIONS

- A. In programs where academic training and clinical experience are not provided in the same institution, accreditation shall be given to the institution responsible for the academic training—student selection, curriculum, academic credit, etc.—and the educational administrators shall be responsible for assuring that the activities assigned to students in the clinical setting are, in fact, educational.
- B. The externship is a period of experience with patients in selected physician's offices and health care facilities. During this experience the student participates in a balanced practicum in both administrative and clinical work under the supervision and evaluation of qualified medical personnel and the general supervision and evaluation of the school staff.

The externship is the responsibility of the sponsoring academic institution. The externs shall serve without remuneration.

V. FINANCES

- A. Financial resources for continued operation of the educational program shall be assured.
- B. The institution shall have a published tuition-refund policy which meets state and federal requirements.

VI. FACULTY

- A. Instructional Staff
 - 1. Director of the Medical Assisting Program
 - a. Qualifications: The education of the Program Director shall be in accordance with state and/or institutional educational standards. Within these, or in addition thereto, newly appointed Program Directors shall hold an appropriate degree or be working toward such a degree* from an accredited institution, shall have work experience in a physician's office or health care facility, and be certified by the American Association of Medical Assistants as a Certified Medical Assistant (CMA), or achieve this certification within two years of employment, or be otherwise acceptable to the AMA and to the AAMA.
 - b. Responsibilities: In addition to, other assigned responsibilities, the director of the educational program shall be responsible for the organization, administration, periodic review, continued development, and general effectiveness of the program. The teaching

assignment of the director must allow adequate time for administrative responsibilities.

2. Instructors

- a. Teaching faculty members shall be qualified, through academic preparation and/or experience, to teach the subjects assigned and possess competency in teaching techniques.
- b. Institutions shall have an established policy that encourages continuing education in the field and assures on-going instruction for the faculty in curriculum design and teaching techniques.

3. Number

- 1. The number of instructional staff shall be commensurate with the most effective learning and teaching practices and shall be consistent with acceptable student-teacher ratios for educational programs for the allied health professions. There should be at least one Medical Assisting faculty member for each 25 students currently attending classes.

B. Supportive Services

1. Medical Advisor

The medical advisor of the program shall be a currently licensed physician who can provide competent medical direction for general clinical instruction for a medical assisting program.

2. Counseling

Guidance and placement assistance shall be available to students.

3. Advisory Committee

An Advisory Committee should be appointed to assist the directors in continuing program development and evaluation, in program coordination, and coordinating effective externship relations. The Advisory Committee should meet on a regular basis, not less than twice a year. This Committee should include qualified physician(s), a practicing medical assistant and a Certified Medical Assistant, if available. Faculty and other educational institution members are to be considered non-voting members. The Advisory Committee shall serve without remuneration.

VII. STUDENTS

- A. Selection—Selection of Students shall be made in accordance with the generally accepted practice of the institution. Students admitted to the Medical Assisting program must be high school graduates or have passed a state or nationally approved examination to determine high school equivalency.
- B. Health—Applicants shall be required to submit evidence of good health including the results of a tuberculin screening test or chest film. Access to emergency health service shall be available. Students shall wear radiation badges whenever exposed to energized x-ray equipment, and the school shall be responsible for monitoring these badges.

*See Guidelines for suggested preferences.

VIII. RECORDS

The following records shall be maintained and be available to review:

- A. Catalog—An official publication including a description for the curriculum shall be issued at least once every two years. It shall include information regarding the organization of the program, a brief description of required courses, names and academic rank of faculty, entrance requirements, tuition and fees.
- B. Student
 1. Transcripts of high school and/or college credits and other credentials and admissions data shall be on file.
 2. A medical examination including a serology test and a chest film or results of an approved tuberculin screening test shall be part of the admission record.
 3. The results of processed radiation badges worn by the students during the use of x-ray equipment shall be in the institution's permanent records.
 4. A record of class and laboratory participation and accomplishment of each student shall be maintained for each curricular component, in accordance with the requirement of the institution.
- C. Curriculum—The institution and/or medical assisting department shall maintain on file:
 1. A current copy of the complete curriculum, including the rotation of instructional assignments and lists of multi-media instructional aids used.
 2. Copies of course outlines, class schedules, externship records and teaching plans. These must include course objectives and competencies stated in terms of student performance.
 3. Copies of practical and written examinations and periodic evaluations.
 4. An accurate record system of dates and location of externships, plus an evaluation of the externship experience of each student in the program.

Permanent records shall be kept in hazard-proof areas.

IX. CURRICULUM

- A. The length of the basic medical assisting curriculum shall be a minimum of one academic year or equivalent. This basic curriculum may be included in a two year program leading to an associate degree.
- B. Instruction shall follow a planned outline in logical sequence which includes:
 1. Assignment of appropriate instructional materials.
 2. Classroom presentation, discussions, and demonstrations.
 3. Supervised practice of basic procedures.
 4. Examinations, tests, and quizzes—both oral and written—for didactic and clinical aspects of the program.

5. Supervised externship as an integral part of the curriculum which is required for completion of the program.

- C. Instruction shall be competency oriented. There shall be maintained on file with each curriculum component or unit of instruction, and with each plan of rotational externship, a reasonably comprehensive list of terminal performance objectives to be achieved by the student. These objectives must delineate achievement in all basic medical assisting curricula as identified below, and in curriculum documentation, measurement techniques, and records. The objectives will be based upon an acceptable list of task descriptors for Medical Assisting.*
 - D. The basic medical assisting curriculum must include the following general courses or topics of study, didactic and clinical, in a manner sufficient to prepare a competent and versatile medical assistant, as described in these Essentials:
 1. Anatomy and Physiology
 2. Medical Terminology
 3. Medical Law and Ethics
 4. Psychology
 5. Communications (oral and written)
 6. Medical Assisting Administrative Procedures, including:
 - a. Office Procedures
 - b. Business Correspondence and Typing, with an exit speed sufficient for productive office performance
 - c. Medical Dictation and Medical Transcription
 - d. Medical Office Management
 - e. Bookkeeping and Insurance
 7. Medical Assistant Clinical Procedures, including:
 - a. Examination Room Techniques
 - b. Aseptic Practices and Techniques
 - c. Care of Equipment and Supplies
 - d. First Aid and Cardiopulmonary Resuscitation
 - e. Laboratory Orientation
 - f. Principles of Pharmacology and Drug Administration
 - g. Diagnostic Machine Orientation
 8. Externship
 - E. The curriculum shall produce graduates who have an equal balance in administrative and clinical competencies.
- (NOTE: Guidelines expand upon curriculum.)

X. STATUS REPORTS

- A. Annual Report

An annual report shall be made by the institution to the AMA and to the American Association of Medical Assistants. A report form provided by AMA shall be completed, signed by the director of the educational program and returned promptly.

*A suggested list of task descriptors for Medical Assisting is appended to the Guidelines.

B. Change of Faculty

If the director, the medical advisor, or instructional staff of the medical assisting program is changed, immediate notification shall be sent to the AMA Department of Allied Health Evaluation. The curriculum vitae of the new staff member, giving the details of training, education, and experience in the field, must be submitted.

C. Change of Curriculum

The Curriculum Review Board of the AAMA must be notified of any substantial changes in curricular content, sequence, or teaching methods.

ADMINISTRATION OF ACCREDITATION

A. Application—The evaluation (including survey team visits) of an educational program can be initiated only at the express invitation of the chief administrator of the sponsoring institution or an officially designated representative. (This is embodied in the filing of an official application.) Institutions may request that survey team visits be scheduled to coincide with evaluations of other health programs and/or accrediting bodies. The institution is responsible for keeping students informed as to the current accreditation status of the program.

B. Review—The head of the institution being evaluated is given the opportunity to review the factual part of the report prepared by the visiting survey team, and to comment on its factual accuracy before final action is taken.

C. Appeal—Accreditation decisions may be appealed by letter to the AMA Council on Medical Education.

D. Length—Accreditation will be granted for a minimum of 2 and a maximum of 5 years; re-survey will be conducted within the specified period at the discretion of the accrediting agency.

E. Withdrawal—The institution may withdraw its application for initial accreditation at any time (even after evaluation) prior to final action. The institution may request that its accredited program be withdrawn from the published list at any time.

F. Revocation—The AMA/AAMA may withdraw accreditation when the following conditions prevail:

1. The educational program is not in substantial compliance with these Essentials, or
2. There are no students in the program for thirteen consecutive months.

Accreditation is revoked only after notice has been given to the head of the institution that such action is contemplated, and the reason therefor, sufficient to permit timely response and the use of established procedures for appeal and review. Accreditation may not be revoked without giving the institution the opportunity for an on-site visit and a hearing.

APPLICATION AND INQUIRIES

A. Accreditation—Application for accreditation of a program should be made to:

Department of Allied Health Evaluation
Division of Educational Standards and Evaluation
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

B. Career and Certification—Inquiries should be addressed to:

American Association of Medical Assistants
One East Wacker Drive
Chicago, Illinois 60601

Definitions of some terms used in the *Essentials* and Guidelines which may be helpful to users:

"Essentials" are policy documents which provide minimum standards for an educational program.

"Guidelines" are the explanatory materials for the *Essentials*.

"Shall" is used in laws, regulations or directives to express what is mandatory.

"Must" is an imperative need or duty; a requirement, an indispensable item.

"Should" is used to express ethical obligation or propriety.

"May" expresses freedom or liberty to follow a suggested alternative.

"Could" is used to suggest another alternative for meeting the intent.

"Sponsoring Institution" means the educational institution which assumes the primary responsibility for curriculum

planning and course content, coordinates classroom teaching and clinical experience, appoints faculty, provides financial support, admits students, and provides official evidence of completion of the program.

"Accrediting" means the process whereby an agency or association grants public recognition to a school, institute, college, university, or specialized program of study which meets certain established qualifications and educational standards as determined through initial or periodic evaluations. The essential purpose of the accreditation process is to provide a professional judgment as to the quality of the educational institution or program(s) offered, and to encourage continual improvement thereof.

"Institutional Accreditation" applies to the total institution and signifies that the institution as a whole is achieving its educational objectives satisfactorily.

The term "Accreditation," then, is applicable to institutions or programs sponsored by institutions; as such it is to be distinguished from such terms as "licensure," "certification" or "registration," each of which applies to recognition of persons.

MECHANISM FOR ADOPTING AND REVISING
ESSENTIALS FOR ALLIED HEALTH EDUCATIONAL PROGRAMS

I. INTRODUCTION

Accreditation of allied health educational programs is a collaborative process. *Essentials* are developed and ratified by the allied health and/or medical specialty societies concerned with a particular profession, as well as the American Medical Association.

Proposals for revision of *Essentials* are drafted by committees, councils or other components of organizations with collaborative responsibility for the accreditation of educational programs in particular allied health professions. Those specific national organizations which are recognized to have a vital interest in the activities of the graduates of the accredited programs officially sponsor a review committee which evaluates programs and recommends accreditation status to the Committee on Allied Health Education and Accreditation.

The review committee is the primary body responsible for the evaluative process of accreditation; as such, its members are among the most knowledgeable about the intent and scope of the *Essentials*. Proposed revisions may be drafted by the review committee; or a separate committee on standards which may be appointed by the collaborating organizations.

II. DRAFTING *ESSENTIALS*

The committee which is preparing the revision should have input from the community of interest affected by the *Essentials*, such as practitioners,

employers, educators, administrators of health service and educational institutions, and recipients of services provided by the graduates of educational programs for which the *Essentials* are designed. The review committee should publish notice of intention to review the *Essentials* through announcements at national meetings and items in appropriate bulletins, newsletters, and journals. The notices should contain information regarding where to obtain copies of the proposed *Essentials*, the name and address of the person or group designated to receive comments from interested parties and the deadline date for submitting comments.

The draft of any proposed revisions is also circulated to appropriate bodies of the collaborating organizations which sponsor the review committee, for their comments. The committee working on the revision may anticipate a period of at least six months before receiving responses since these committees of the sponsoring organizations seldom meet more than two to three times a year. One of the primary responsibilities of the committee working on the revision is to ensure that the *Essentials* reflect the needs of the changing society.

III. RATIFICATION BY ORGANIZATION(S) SPONSORING REVIEW COMMITTEE

When the committee is satisfied with the proposed revisions, the revised document is then submitted to each of the sponsors of the review committee for endorsement by its designated policy-making body. If the *Essentials* are not ratified by all concerned, they are referred to the committee with the suggestions for revision. The review conducted by each sponsoring organization will ordinarily include an opportunity

for open hearings. If, at the end of one year, one of the sponsoring organizations still has not approved the proposed *Essentials*, the proposal--together with a dissenting report--shall be forwarded to the Committee on Allied Health Education and Accreditation (CAHEA) for arbitration. The hearing and determination of the case in controversy shall be the responsibility of the Chairman of CAHEA, with the recommendation of the Committee then being forwarded to the Council on Medical Education for action.

IV. ADOPTION BY THE AMA

The proposed revision of *Essentials* is submitted to the Committee on Allied Health Education and Accreditation (CAHEA). At this point the *Essentials* may be referred back to the committee which drafted the revision with suggestions for further modification or the document is sent to the AMA Council on Medical Education with a recommendation for adoption at the next meeting of the Council.

As standard operating procedure, for AMA, the Council holds an open hearing on the *Essentials* under consideration. Notifications announcing the time and place of the hearing extending invitation for written as well as oral comment are forwarded to the program officials of all the CAHEA accredited programs for that occupation, to the organizations collaborating with the CAHEA in accreditation, to other appropriate national educational and health organizations, to appropriate AMA Section Council Chairman, and to others in the community of legitimate interests. Members of the Council on Medical Education who are CAHEA members and the Chairman of the Committee on Allied Health Education and

Accreditation conduct the hearing for the CME and present the input from the hearing and their conclusions to the full Council when the *Essentials* are considered.

Proposals for new or revised *Essentials* are either adopted as presented or referred back for review, along with supporting information presented at the open hearings. *Essentials* must be adopted by each collaborating organization concerned with a particular allied medical occupation before they become the national standards; changes cannot be made by one organization without approval of the others.

V. PUBLISHING *ESSENTIALS*

Once the new or revised *Essentials* have been adopted by all organizations concerned, an effective date for adherence to any major changes from previous *Essentials* is established by the Review Committee and CAHEA. This date will ordinarily be no less than one academic year following official acceptance by all collaborating organizations. Educational programs accredited under the previous *Essentials* shall be provided with a copy of the revised *Essentials* with notice of the date when the new standards go into effect.

VI. PERIODIC REVIEW OF *ESSENTIALS*, POLICIES AND PROCEDURES

The review committee shall be responsible for reviewing at regular intervals the criteria by which the educational programs are judged, as well as the accreditation procedures followed, in order that the evaluative process shall support constructive analysis, emphasize factors of

critical importance and reflect the educational needs of the student and the community. The results of such reviews shall be reported to each of the organizations sponsoring the review committee and to the AMA Council on Medical Education. Ordinarily, actual published revision of *Essentials* takes place within a period of five years.

VII. MAINTAINING A FILE OF SUGGESTED REVISIONS

The chairmen of review committees shall be responsible for maintaining an active file of suggestions received concerning *Essentials*, and guidelines which may accompany the *Essentials*. This file shall be made available to the committee assigned to revise the *Essentials* as they commence their task, and to CAHEA and CME at appropriate times.

(Adopted September, 1974, by the AMA Council on Medical Education, and revised and adopted by the CAHEA, 1977.)

Guidelines

for

Essentials of an Accredited Educational Program for Medical Assistants

Adopted 1969, revised June, 1971; revised January, 1977

Approved by the
AMERICAN MEDICAL ASSOCIATION

In collaboration with the
AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS

This document represents an attempt to clarify the material in the *Essentials* and to provide guidelines and suggestions to programs interested in AMA/AAMA accreditation.

The *Essentials* are reproduced here in regular type face. The statements in italics do not appear in the *Essentials* and are offered to provide clarification of that document.

PREAMBLE

PURPOSE: The American Medical Association (AMA) and the American Association of Medical Assistants (AAMA) cooperate in this program of accreditation to establish and maintain standards of appropriate quality for educational programs for the medical assistant, and to provide recognition for educational programs which meet or exceed the minimal standards outlined in these Essentials. These standards are to be used for the development and self-evaluation of medical assisting programs.

Lists of accredited programs are published for the information of employers and the public.

A list of Accredited Educational Programs for Medical Assistants is published annually and is available, upon request, from the AAMA Executive Office. No differentiation is made on the list between those programs which have achieved full accreditation and those which are accredited with qualifications.

DESCRIPTION OF THE OCCUPATION: Medical assistants are broadly defined as individuals who assist physicians in their offices or other medical settings, performing those administrative and/or clinical duties delegated in relation to the degree of training and in accord with respective state laws governing such actions and activities. Medical assistants have a wide range of duties in many aspects of the physician's practice.

Their business-administrative duties include scheduling and receiving patients; obtaining patients' data, maintaining medical records; typing and medical transcription; handling telephone calls, correspondence, reports and manuscripts; and assuming responsibility for office care, insurance matters, office accounts, fees and collections.

Their clinical duties may include preparing the patient for examination, obtaining vital signs, taking medical histories, assisting with examinations and treatments, performing routine office laboratory procedures and electrocardiograms; sterilizing instruments and equipment for office procedures, and instructing patients in preparation for x-ray and laboratory examinations.

Both administrative and clinical duties involve purchasing and maintaining supplies and equipment. A medical assistant who is sufficiently qualified by education and/or experience may be responsible for personnel and office management.

OBJECTIVES: Graduates of accredited medical assisting programs are trained to work with and under the direction of physicians to provide quality health care services. Graduates should demonstrate an equal balance of administrative and clinical competencies in the basic subjects. These competencies are developed within the training program from an initial foundation of basic science, communication and human relations skills.

The program includes thorough preparation and demonstrated understanding of the ethical and legal responsibilities of the medical assistant in the health care delivery system. Graduates will have validated their competencies to the employing medical community through supervised externship experience in both administrative and clinical skills.

Further validation of the competencies of the graduate of an accredited medical assistant program is available through the Certification Examination administered by the Certifying Board of the AAMA. All graduates are urged to take advantage of this opportunity. The Certifying Board has established special low examination fees for students who wish to take the examination at the completion of their training. For more information, write to the Certifying Board at the AAMA Executive Office.

REQUIREMENTS FOR ACCREDITATION

I. ELIGIBILITY REQUIREMENTS: Educational programs must be established at the post-secondary level in institutions that are accredited to offer post-secondary education. These programs may be offered by:

- A. Junior and community colleges
- B. Senior colleges and universities
- C. Vocational/technical schools and institutions
- D. Proprietary educational institutions
- E. Military-based schools

This does not preclude a post-secondary institution from housing all or part of the medical assisting program in other settings. The post-secondary institution must have complete control of all facets of the medical assisting program including admissions to the program, faculty, curriculum content, externships, finances, etc.

The institution shall hold, or have candidate status for, accreditation by an agency recognized by the U. S. Office of Education, or be otherwise acceptable to the AMA and the AAMA. The institution must have the necessary clinical facilities and/or educational affiliations to provide required learning experiences for the student.

Educational programs in colleges or schools whose institutional accreditation or approval status is pending can qualify only for the category "Accreditation with Qualifications," and will be so notified before the on-site visit for program accreditation. The school must have received institutional accreditation by a responsible agency within two years of the date of notification of approval of its program by the AMA Committee on Allied Health Education and Accreditation or show just cause why such accreditation has not been received.

Loss of institutional accreditation or denial of a pending application for such accreditation, shall result in an AAMA Curriculum Review Board recommendation to the AMA Committee on Allied Health Education and Accreditation that approval should be withdrawn immediately.

II. STANDARDS OF ETHICAL PRACTICE: The medical assisting program must be conducted without discrimination on the basis of race, color, creed, sex, age, or ethnic origin. This principle applies to the selection of students, classroom and affiliation instructors, other staff members and to all aspects of the organization and administration of the medical assisting program. There shall be a published statement of the standards of ethical practice observed by the institution that sponsors the medical assisting program.

Since the large majority of medical assistants are women, they are usually shown in photographs illustrating the career and the feminine pronoun is used in documents and brochures. This is in no way intended to discourage qualified males who are interested in this challenging field.

III. FACILITIES

- A. General — Classrooms, laboratories, and administrative offices shall be provided in accord with accepted educational standards, to meet the needs of the number of students enrolled.

The classrooms and laboratories should be adequate in size for the maximum number of students planned for the program. These rooms should have enough chairs with note taking arms or desks and chairs for each student. A sufficient number of classrooms should have the capability for the use of movie film, film strips, slides, overhead projection, and audio equipment. Private offices should be available where students can discuss problems in confidence.

There should be an area in which the students may relax and an area for use in quiet study. If uniforms are required for all or part of the course, it may be helpful to have lockers available.

- B. Laboratory — Appropriate up-to-date equipment and supplies for directed experience shall be available in sufficient quantities for student participation.

There should be sufficient numbers of microscopes so that each student in a laboratory section can work independently. Clinical equipment needed would probably include the following: examining table with stirrups, scale - adult and baby, stethoscopes, sphygmomanometers, thermometers,

scissors, various instruments for examinations and minor surgery; electrocardiograph, sterilizer, autoclave. Disposable supplies should include cotton, cotton swabs, gauze bandages, tape, syringes, needles. There should be sufficient equipment, permanent and disposable, to perform urinalysis, simple routine blood tests, and specimen collection.

The equipment needed to teach administrative duties should include electric typewriters, adding machines, calculators, and transcribers. A teletrainer with pickup and hold equipment may be borrowed from the local telephone company or purchased. The cords on the teletrainer should be long enough to permit use between two rooms. If space allows, a mock reception room area and a mock examination room are useful for student practice.

- C. Library — A library shall be readily accessible and contain an adequate supply of up-to-date scientific books, periodicals, and other reference materials related to the curriculum.

Reference books should include up-to-date texts on general medical assisting, medical secretarial procedures, medical law, medical ethics, laboratory techniques, anatomy and physiology, medical terminology, and general secretarial procedures. Books on the history of medicine and other background material should be available. (See reference list issued by the AAMA Certifying Board.)

Periodicals suggested include The Professional Medical Assistant, Medical Economics, Current Medical Digest, Medical World News, Today's Secretary, Health Manpower Report, Patient Care, and Journal of the American Medical Association, R.N.

Annually, the Program Director should obtain from the library an updated list of holdings of central relevance to medical assisting and specify additional desirable acquisitions.

Quiet study areas either in the library or elsewhere should be available to the student.

- D. Audio-visual Resources — Adequate, up-to-date non-print media and equipment, models, films and other teaching aids shall be available for classroom instruction.

Suggested aids may include a skeleton, Resusci-Annie, anatomical model, charts, 16 mm films, 35 mm slides, film strips, and transparencies for overhead projection. (A list of films of interest to medical assisting students is available from the AAMA Executive Office.) Audio tapes can be helpful in teaching terminology.

Medical transcription should be taught using commercially-prepared tapes or belts, and for the advanced transcription student, actual dictation tapes or belts may be obtained from local physicians, and/or hospitals, with names or other identifying words altered.

A medical assisting program is encouraged to make creative use of learning resources available.

IV. EDUCATIONAL AFFILIATIONS

- A. In programs where academic training and clinical experience are not provided in the same institution, accreditation shall be given to the institution responsible for the academic training—student selection, curriculum, academic credit, etc.—and the educational administrators shall be responsible for assuring that the activities assigned to students in the clinical setting are, in fact, educational.
- B. The externship is a period of experience with patients in selected physicians' offices and health care facilities. During this experience, the student participates in a balanced practicum in both administrative and clinical work under the supervision and evaluation of qualified medical personnel and the general supervision and evaluation of the school staff.

The externship is the responsibility of the sponsoring academic institution. The externs shall serve without remuneration.

The terms "clinical experience" and "externship" are equivalent. Externships, preferably, should be served in the offices of family physicians and internists as those practices provide the widest range of experiences for the medical assisting student. The offices of surgeons, pediatricians, and obstetrician-gynecologists do offer good experience depending on the individual physician and his manner of practicing. The offices such as those of a veterinarian, dentist, or optometrist shall not be used. Under no circumstances shall the offices of a chiropractor or naturopath be used.

The physician in the externship office must be cognizant of his responsibilities toward the education of the extern and be willing to devote his time to assuring that the extern receives a broad exposure to all facets of his practice. The school should also assure that a competent medical assistant or other competent staff member in the externship office is willing to and capable of guiding, evaluating, and supervising the student in her training within the office.

The director of the externship program should visit each externship facility prior to the placement of students to ascertain the appropriateness of the setting for an educational experience and to acquaint the supervising physician and his staff with the extent of the student's training and of their responsibilities. A written letter of agreement helps to avoid misunderstandings.

If externships are served in part or wholly in a clinic, public health facility, or hospital, extreme care should be taken to ascertain that the student will be exposed to and able to practice both administrative and clinical techniques. It is also important to be sure that the facility's employees treat patients in a considerate and humane manner, for their attitudes will influence those of the students.

The medical assisting student should not receive any pay for the period of externship. This is a learning experience for the student and is as important as the time spent in the classroom. No student should be placed in an office in lieu of regular office personnel. The extern is not free help but is there to learn by observing and to practice under supervision.

Regular visits should be made to the facility by the director of externship training or instructor during the student's training to observe first hand the student's progress and to solve any problems that may have arisen. Therefore, all externship facilities should be in the vicinity of the educational facility.

Good communication between the externship physician and their staffs is important to maintain if the externship is to be a rewarding educational experience for the student. It is extremely helpful to the externship supervisor to receive written evaluations from the externship offices at least twice during the externship period—just before the midpoint and again at the end. This gives the instructor another opportunity to become aware of student weaknesses and allows time to counsel the student concerning these deficiencies. It is helpful, too, if a weekly seminar is held for the externing students.

Student evaluation of the externship experience is also a valuable tool for the program director in recognizing those offices which provide the students with broad experience in cooperative and harmonious settings.

V. FINANCES

- A. Financial resources for continued operation of the educational program shall be assured.
- B. The institution shall have a published tuition-refund policy which meets state and federal requirements.

Financial support is necessary not only for salaries of administrative, supportive and instructional personnel but also for educational and office supplies and equipment, for staff travel to coordinate clinical instruction, and to participate in educationally enriching activities of professional organizations, and for student activities.

Scholarships and grants-in-aid should be available to assist capable students who are in need of financial assistance.

The acquisition of gifts or endowments should not influence the acceptance of students for admission to the school, nor should such gifts or endowments be a determining factor in the selection of equipment used for training of students.

The tuition-refund policy should not penalize unduly students who must drop out at the beginning of a program and/or semester or quarter because of a change of career objective or for personal reasons such as illness or change of address.

VI. FACULTY

A. Instructional Staff

1. Director of Medical Assisting Program

- a. Qualifications: The education of the Program Director shall be in accordance with state and/or institutional educational standards. Within these or in addition thereto, newly appointed Program Directors shall hold an appropriate degree or be working toward such a degree from an accredited institution, shall have work experience in a physician's office or health care facility, and be certified by the American Association of Medical Assistants as a Certified Medical Assistant (CMA), or achieve this certification within two years of employment, or be otherwise acceptable to the AMA and to the AAMA.
- b. Responsibilities: In addition to other assigned responsibilities, the director of the educational program shall be responsible for the organization, administration, periodic review, continued development, and general effectiveness of the program. The teaching assignment of the director must allow adequate time for administrative responsibilities.

The program director should have sufficient educational background to be cognizant of proper educational practices so as to ensure an integrated learning approach for the program. Experience in the medical assisting field is very desirable so that the program is structured practically.

It is strongly urged that all directors of medical assistant programs sit for the AAMA Certification Examination as soon as practicable. Newly appointed directors should be expected to have certification or achieve this certification within two years of their employment. In addition, they are expected to have work experience in a physician's office or health care facility and possess a degree appropriate to their position or to be working toward such a degree from an accredited institution. Preferred degrees would include medical assisting, a bachelor's or master's degree in a biological science, education, educational administration, or allied health discipline and nursing. Certification in a related allied health discipline is also desirable.

2. Instructors

- a. Teaching faculty members shall be qualified, through academic preparation and/or experience, to teach the subjects assigned and possess competency in teaching techniques.
- b. Institutions shall have an established policy that encourages continuing education in the field and assures on-going instruction for the faculty in curriculum design and teaching techniques.

The standard of faculty competency should be in line with that of the employing educational institution. The maintenance of standards should be the responsibility of the program director in consultation with the Advisory Committee and heads of departments from which instruction is provided.

The most important criteria are knowledge of the subject to be taught and ability to organize and present the subject in a meaningful way to the students. Instructors for medical assisting subjects may be selected according to their knowledge and ability as well as their academic credentials. Experience in a physician's office is an extremely valuable asset for a medical assisting instructor.

Medical assisting instructors are encouraged to sit for the AAMA Certification Examination.

3. Number

- a. The number of instructional staff shall be commensurate with the most effective learning and teaching practices and shall be consistent with acceptable student-teacher ratios for educational programs for the allied health professions. There should be at least one Medical Assisting faculty member for each 25 students currently attending classes.

Class sizes can differ widely depending upon the instructional methodology employed. However, the school must be able to justify class size as conducive to effective student learning. The number of students for which any one instructor is responsible should never grow so large that the instructor becomes inaccessible to the student. The student must be able to maintain personal contact with instructors when needed. The class size established should be smaller in laboratory sessions than in the didactic portions of the program.

B. Supportive Services

1. Medical Advisor

The medical advisor of the program shall be a currently licensed physician who can provide competent medical direction for general clinical instruction of a medical assisting program.

The medical advisor should be a physician from the community who is aware of the important role and function of the medical assistant in the health care system. The medical advisor should take an active role in program organization and development and meet with the Advisory Committee whenever possible.

2. Counseling

Guidance and placement assistance shall be available to students.

The school should have resources to help a student, should a problem be beyond the experience and competency of the instructors and program director. Follow-up questionnaires sent to graduates at regular intervals following graduation and to the first employers of graduates are helpful in determining the relevancy of the curriculum content.

3. Advisory Committee

An Advisory Committee should be appointed to assist the director in continuing program development and evaluation, in program coordination, and coordinating effective externship relations. The Advisory Committee should meet on a regular basis, not less than twice a year. This committee should include qualified physician(s), a practicing medical assistant and a Certified Medical Assistant, if available. Faculty and other educational institution members are to be considered non-voting members. The Advisory Committee shall serve without remuneration.

The Advisory Committee should elect a chairman who is a voting member and should meet at least twice a year with minutes being kept on file. The committee should include physicians representing family practice and other specialties and medical assistants, both clinical and administrative. A medical assistant who is the manager of a large practice and has the responsibility of hiring and supervising personnel can be a valuable addition to the committee. A graduate of the program can be especially valuable in contributing suggestions for program improvement. While staff members meet with the Advisory Committee, they are not to be considered members of the committee.

VII. STUDENTS

- A. Selection — Selection of students shall be made in accordance with the generally accepted practice of the institution. Students admitted to the Medical Assisting program must be high school graduates or have passed a state or nationally approved examination to determine high school equivalency.

Those on the Admissions Committee, or those responsible for admissions to the program if no formal committee exists, should enter students into the program only after having assurance that the applicant will have a reasonable chance for success in the program and that the applicant has an understanding of the program expectations and occupational definition.

Candidates for admission to the program should have an interview with the program director or the director's designee to determine as well as possible the suitability of the candidates for the program and the medical assisting career.

A copy of the student's high school transcript or a copy of the equivalency certificate should be a part of the student's permanent record.

- B. Health — Applicants shall be required to submit evidence of good health including the results of a tuberculin screening test or chest film. Access to emergency health service shall be available. Students shall wear radiation badges whenever exposed to energized x-ray equipment, and the school shall be responsible for monitoring these badges.

A standard health form should be used that would indicate the applicant has had a complete physical examination, including a tuberculin screening test and a serology test. The form should include enough information about the course and career so that the examining physician can form an opinion as to whether or not a candidate's disability might be an obstacle to successfully completing the course.

Radiation badges should be worn by students and staff during the use of x-ray equipment in the program. If the student externs in a facility where exposure to x-ray radiation is possible, a radiation badge should be furnished and monitored by the school.

VIII. RECORDS

The following records shall be maintained and be available to review:

- A. Catalog — An official publication including a description for the curriculum shall be issued at least once every two years. It shall include information regarding the organization of the program, a brief description of required courses, names and academic rank of faculty, entrance requirements, tuition and fees.
- B. Student
 1. Transcripts of high school and/or college credits and other credentials and admissions data shall be on file.
 2. A medical examination including a serology test and a chest film or results of an approved tuberculin screening test shall be part of the admission record.
3. The results of processed radiation badges worn by the students during the use of x-ray equipment shall be in the institution's permanent records.

A negative tuberculin screening test result will be accepted in lieu of a chest x-ray and results should be kept in the student's permanent file.

The recorded results of processing radiation badges worn by the students and staff during the use of x-ray equipment in the program should be in the institution's permanent records. Also, when the student externs in a facility where exposure to x-ray radiation is possible, a radiation badge furnished by the school should be worn and the results of its processing be monitored and retained in the institution's permanent files.

4. A record of class and laboratory participation and accomplishment of each student shall be maintained for each curricular component, in accordance with the requirements of the institution.

C. Curriculum -- The institution and/or medical assisting department shall maintain on file:

1. A current copy of the complete curriculum, including the rotation of instructional assignments and lists of multi-media instructional aids used.
2. Copies of course outlines, class schedules, externship records and teaching plans. These must include course objectives and competencies stated in terms of student performance.

A copy of the complete curriculum along with course outlines, class schedules, externship records and teaching plans should be kept on file in a location that is easily accessible to faculty, administrators, and other interested parties (such as accreditation survey teams) at all times. All course outlines should clearly identify objectives for student learning and list those competencies to be performed by the student as a result of the learning experience. These outlines should exist for each curricular component as well as for the externship portion of the program.

3. Copies of practical and written examinations and periodic evaluations.
4. An accurate record system of dates and location of externship experience of each student in the program.
5. Permanent records shall be kept in hazard-proof areas.

The record should include the name and address of the physician or health facility used, the dates of the externship, type of practice, and the name of the student(s).

Physician (and/or his staff) evaluation of student performance should be made at least twice during the externship period—at the midpoint and at the end. Student evaluation of the externship experience is also a valuable tool for the program director in recognizing those offices which provide the students with broad experience in a cooperative and harmonious setting. Student seminars are a useful means of discussing and finding solutions to students' problems encountered during the externship experience.

IX. CURRICULUM

- A. The length of the basic medical assisting curriculum shall be a minimum of one academic year or equivalent. This basic curriculum may be included in a two year program leading to an associate degree.

It is necessary that the education of the medical assistant include all the basic eight courses of study as will be listed

in Section IX. D. It is also necessary that instruction includes a balance in the administrative and clinical areas.

- B. Instruction shall follow a planned outline in logical sequence which includes:

1. Assignment of appropriate instructional materials.
2. Classroom presentations, discussions, and demonstrations.
3. Supervised practice of basic procedures.
4. Examinations, tests, and quizzes—both oral and written—for didactic and clinical aspects of the program.
5. Supervised externship as an integral part of the curriculum which is required for completion of the program.

See II. B.

- C. Instruction shall be competency oriented. There shall be maintained on file with each curriculum component or unit of instruction, and with each plan of rotational externship, a reasonably comprehensive list of terminal performance objectives to be achieved by the student. These objectives must delineate achievement in all basic medical assisting curricula as identified below, and in curriculum documentation, measurement techniques, and records. The objectives will be based upon an acceptable list of task descriptors for Medical Assisting (appended hereto).

A Terminal Performance Objective (TPO) describes a specific task, and the specific conditions and standards of its performance, to be demonstrated by the student at a time when the training of the task is thought to be complete, i.e., "job-ready."

A well-defined performance objective contains at least the following:

A task statement describing the overt behavior by which the learned capability can be observed and measured. (The terms "know," "appreciate," and "understand," are not appropriate verbs because they are not observable and measurable.) Examples of measurable behaviors, as task statements, are: "Take blood pressure," "Transcribe correspondence," "Perform venipuncture."

A statement of the conditions and limitations imposed on performance. Conditions that affect performance should place a practical limit on the range of knowledge and skill the student is expected to demonstrate, list all tools/materials/apparatus needed

to perform the task, and require that the student perform the task in a job-like environment or acceptable simulation.

A statement of the standards of performance expected of the student. Standards may range from the least desirable ("deemed proficient according to competent judgement") to the most desirable involving criteria of accuracy and time-to-perform or frequency ("ten WBCs in 40 minutes").

Sample Objectives:

The student will (1) perform venipunctures (2) using the Vacutainer System. He/she will use sterile cotton, a tourniquet, Vacutainer Tube Adaptor, 5 c.c. Lavender Stoppered Vacutainer Tube with EDTA, Vacutainer needle (18 gauge), and sterile alcohol swabs. (3) Three patients must be identified correctly and drawn within 10 minutes without errors in identification or technique.

The student (1) will perform simple addition on a calculator, (2) Smith, Model 5-A. He/she must set up the machine and add sets of five-digit numbers with decimals to three places without use of the instruction booklet. (3) Ten problems, each with ten five-digit numbers, must be added within five minutes with no procedural or arithmetic errors.

TPOs should be prepared to reflect the scope, depth and quality of training achievement to be attained by the student in the program. TPOs should reflect an appropriate list of task descriptors as selected from a list attached to these Guidelines. The selected list may be amplified within the program. There must be evidence that the TPOs are used; they must be reflected in curricula, student evaluation, and records; they must be on file for examination.

TPOs applicable to clinical settings should be provided to clinical supervisors and be reflected in records of student clinical performance. Similarly, non-program didactic faculty (i.e., Anatomy and Physiology, Psychology) should be provided with applicable TPOs to assure training conformity.

- D. The basic medical assisting curriculum must include the following general courses or topics of study, didactic and clinical, in a manner sufficient to prepare a competent and versatile medical assistant, as described in these Essentials:

1. Anatomy and Physiology
2. Medical Terminology
3. Medical Law and Ethics
4. Psychology

5. Communications (oral and written)
6. Medical Assisting Administrative Procedures, including:
 - a. Office Procedures
 - b. Business Correspondence and Typing, with an exit speed sufficient for productive office performance
 - c. Medical Dictation and Medical Transcription
 - d. Medical Office Management
 - e. Bookkeeping and Insurance
7. Medical Assistant Clinical Procedures, including:
 - a. Examination Room Techniques
 - b. Aseptic Practices and Techniques
 - c. Care of Equipment and Supplies
 - d. First Aid and Cardiopulmonary Resuscitation
 - e. Laboratory Orientation
 - f. Principles of Pharmacology and Drug Administration
 - g. Diagnostic Machine Orientation
8. Externship

General courses or topics of study, didactic and clinical, shall include:

1. **Anatomy and Physiology:** The student should have an elementary knowledge of the various systems of the body and principles of human physiology so that she may understand the health problems of the patient and the physician's diagnosis and treatment. Therefore, this course should include the study of the basic structure and function of the human body including the skeletal, muscular, nervous, circulatory, digestive, respiratory, urinary, endocrine and reproductive systems. On completion of the course the student should be able to identify and define the basic structure of cells, tissue, organs and body systems; be able to describe the basic functioning process of each of the body systems; be able to apply the correct medical terminology to basic body structure and function; and be able to identify cause and effect of and types of the most common pathological conditions of each system.
2. **Medical Terminology:** The student should have a knowledge of the basic structure of medical words, including prefixes, suffixes, roots, and combining forms and plurals. The course should include the study of pronunciation, spelling and definition of medical terms. Upon completion of the course, the student should be able to build a professional vocabulary of medical words from

Greek and Latin prefixes, suffixes, word roots and combining forms; be able to recognize medical words correctly; be able to use a medical dictionary correctly and demonstrate correct pronunciation of medical terms. It may be desirable to teach the two courses, Anatomy and Physiology and Medical Terminology, concurrently as the two complement each other.

3. **Medical Law and Ethics:** The student should have a knowledge of the basic legal relationship of the physician and patient, i.e., the creation and termination of a contract, including implied and informed consent, professional liability, invasion of privacy, malpractice, tort liability, breach of contract, and the Medical Practice Acts. Emphasis should be given to professional attitudes and behavior and the fundamentals of meeting the special needs of patients so the student will recognize the medical assistant's legal relationship in regard to the physician's legal responsibilities in the practice of medicine.

The student should also have a general knowledge and understanding of the types of medical practice such as individual private practice; partnerships or other group practice including incorporation, types of medical care, such as family practitioner, specialist, comprehensive care and government medical care programs.

The student should be given a brief introduction to the history of medicine.

Upon completion of the course, the student should be able to explain the various principles of medical ethics as they relate to the practice of medicine; be able to identify medical reports that are required by law, demonstrate basic understanding of medical legal jurisprudence, i.e., contracts, malpractice and legal obligations; be able to identify the different types of medical practice; be able to identify the great men and women of medicine and their contributions in order to develop a kinship and pride in the medical profession, and become a part of the medical team.

4. **Psychology (Human Relations, Patient Contact, Public Relations):** The student should study the fundamentals of psychology which involve normal growth and development, individual differences, emotions, motivations, frustrations and aspects of mental health. On completion of the course, the student should be able to utilize basic psychological principles in achieving a better self-understanding and social adaptability in order to

inter-act properly with her physician-employer, co-workers, patients and the public.

5. **Communications (Oral and Written):** The student should be instructed in the proper fundamentals of listening, speaking, and telephone techniques; taking and writing medical histories and letters clearly and effectively. On completion of the course the student should be able to receive and deliver messages quickly and accurately; be able to take and record medical histories with competency and accurate perception; be able to compose and answer letters that are clear and tactful as well as correct in grammar; and be able to communicate with patients.

6. **Medical Assistant Administrative Procedures:**

A. Office Procedures

The student should be instructed in the fundamentals in patient reception, appointment scheduling, mail handling, record making/keeping and filing. On completion of the course, the student should be able to show proficiency in scheduling appointments by telephone and in person; proper methods of handling first, second and third class mail; demonstrate the use of different types of record making/keeping and filing systems.

B. Business Correspondence and Typing

The student should be instructed in the fundamentals of typing, knowledge of the typewriter, tabulation, setting up letters and reports and materials, including from rough-draft copy, statistical typing, and manuscripts and reports. On completion of the course the student should be able to show proficiency in typing, utilize correct business correspondence and forms, and be ready for medical dictation and typing. The recommended minimal exit speed is 50 wpm non-medical copy based on two five minute timed tests with no more than five errors.

C. Medical Dictation and Machine Transcription

The student should be instructed in the fundamentals of medical machine transcription whenever possible. The student should be instructed in typing medical reports, medical terminology, and medical correspondence and, upon completion of the course, demonstrate proficiency in the typing and the terminology involved in medical materials.

D. Medical Office Management

The student should be instructed in the fundamentals of office housekeeping, care of equipment, ordering supplies for office and laboratories, and office management practices. On completion of the course, the student should be able to demonstrate the ability to manage the office and the equipment; identify methods of stocking and ordering supplies; utilize organizational and management techniques to give a professional atmosphere to the medical office.

E. Bookkeeping and Insurance

The student should have a knowledge of the fundamentals of Medical Bookkeeping, including the entering of daily transactions, billing, collecting, banking procedures, preparing payroll and necessary government forms such as withholding, FICA, unemployment and state disability. The student should also develop a knowledge of private group and government insurance programs and the ability to complete the required forms. On completion of the course the student should be able to debit and credit accounts; identify the accounting cycle by journalizing, posting to the ledger, taking a trial balance, making a worksheet, preparing a financial statement, journalizing adjusting and closing entries and taking post-closing trial balance and ruling ledger. In addition, the student should be able to demonstrate correct results on an adding machine, calculator or posting machine. The student should be able to identify and complete such standard insurance forms as hospital/medical/surgical forms, Workmen's Compensation, Liability, Loss of Time (sick benefits), Medicare, Medicaid, CHAMPUS, Blue Cross/Blue Shield, etc.

7. Medical Assistant Clinical Procedures:

A. Examination Room Techniques

The student should have a knowledge of patient preparations; positioning, draping, taking and recording of vital signs, assisting the physician with examination, treatment and minor surgery; caring for the examining room before and after patient care. On completion of the course the student should be able to demonstrate proper positioning and draping for different types of examination and/or treatment; identify and demonstrate proper use and care of medical equipment used in taking temperatures, pulse, respiration, blood pressure, physical examination, and minor surgery, accurately take

and record vital signs, identifying normals; demonstrate proficiency in assisting with a physical examination or minor surgery, and returning the examination and/or treatment room to its proper order.

B. Aseptic Practices and Techniques

The student should have a fundamental knowledge of microbiology including the methods of sanitation, asepsis, and sterilization. This should include techniques of autoclave use, as well as other types of sterilization, preparation of equipment for sterilization, handling sterile equipment, handwashing and gloving. Upon completion of the course, the student should be able to define terms related to asepsis, contamination, sterilization and disinfection, etc.; describe different types of sterilization and disinfectants and their proper use in control of infection; operate sterilization equipment safely and effectively, identify and apply principles of asepsis in handwashing, dressing creating and maintaining a sterile field. Demonstrate proper means of disposal of contaminated materials.

C. Care of Equipment and Supplies

The student should know how and when to order and store medical supplies; how and when to order, store, and inventory and safely dispose of drugs; be able to identify medications that are regulated by the BNDD laws and records that must be kept; have a basic knowledge of how to operate medical equipment and how to care for it. Upon completion of the course, the student should be able to demonstrate proficiency in ordering and storing sterile and non-sterile supplies; ordering, storing and disposing of drugs with expiration dates; demonstrate proficiency in the care and operation of basic medical equipment and instruments.

D. First Aid and Cardiopulmonary Resuscitation

The student should have a basic knowledge of what constitutes a medical emergency, and how to cope with emergency situations, both real and imaginary, either by telephone, or in the office. Upon completion of this portion of the course, the student should be able to demonstrate a mature judgement as to which situation constitutes a real emergency and the limitations of her ability to render first aid, including the administration of cardiopulmonary resuscitation, how to seek assistance, as well as the ways and means of directing the patient.

E. Laboratory Orientation

The student should have a basic knowledge and understanding of the purpose, techniques and recording of laboratory procedures commonly performed in a physician's office. This should also include x-ray, physiotherapy, electrocardiography, collection and/or preparation of specimens, such as urine, blood, biopsies, Pap smears, and cultures and their respective preservatives for deliverance to the proper laboratories. Upon completion of this course, the student should be able to demonstrate the use and care of a microscope, clean equipment and use sterile techniques when dealing with pathogenic microorganisms, perform such tests that might be done in a physician's office such as urinalysis, gram stains, pregnancy tests, blood counts, sedimentation rates, etc., and be able to identify normals. Students should demonstrate proficiency in communicating proper preparation for all common laboratory tests and identify adverse factors affecting these tests.

F. Principles of Pharmacology and Drug Administration

The student should also be able to identify basic drugs, their uses and effects on the body, define and use correct abbreviations and terminology relating to drugs, identify the different modes of drug administration, and demonstrate a knowledge of the correct anatomical injection sites and techniques.

G. Diagnostic Machine Orientation

The student should also be able to communicate proper preparation for x-rays to the patient, identify safety hazards and precautionary measures relevant to x-ray equipment, and demonstrate knowledge of possession, care, and storing of the finished product. The student should also be able to demonstrate and understand the basic methods of patient preparation for electromedical therapy. The student should also be able to demonstrate proficiency in the methods of electrocardiography, including machine operation, techniques and mountings. The student should identify factors affecting the thyroid function test and instruct patient preparation.

8. **Externship:** Externship is an integral part of the curriculum and must be scheduled prior to graduation. The student should have a review and rotation sequence of practical experience in offices of qualified physicians (preferably family practice, internal medicine, OB-GYN or general surgery) and accredited hospitals and clinics selected by the director of the curriculum. This important part of the student's total training should include an opportunity to perform various clinical and administrative procedures under supervision. There must be an equal balance of administrative and clinical experiences which are related to one prior didactic portion of the program. There must be an ongoing evaluation of the student's performance and these grades should be part of the student's permanent record. A minimum of 160 hours of externship is recommended.

Listed above are the basic courses (1 through 8) which must be included in the education of all medical assisting students, whether enrolled in a general program or a Specialty Medical Assistant Program. The basic core subjects that are required for a two-year degree must be given design priority. Graduates of a two-year program may be expected to assume greater responsibility in the medical office, advanced work in basic sciences, medical transcription and supervisory management skills should be offered. Electives for all classifications may include such subjects that would qualify a student to meet the needs of a special community situation such as medical shorthand and computer applications.

A standard curriculum, which would apply to all circumstances, is impossible to present. However, the preceding examples are offered to assist those preparing the curriculum for a new program or modifying an existing program.

- E. The Curriculum shall produce graduates who have equal balance in administrative and clinical competencies.

X. STATUS REPORTS

A. Annual Report

An annual report shall be made by the institution to the AMA and the American Association of Medical Assistants. A report form provided by

AMA shall be completed, signed by the director of the educational program and returned promptly.

B. Change of Faculty

If the director, the medical advisor, or instructional staff of the medical assisting program is changed, immediate notification shall be sent to the AMA Department of Allied Health Evaluation. The curriculum vitae of the new staff member, giving details of training, education, and experience in the field, must be submitted.

C. Change of Curriculum

The Curriculum Review Board of the AAMA must be notified of any substantial changes in curricular content, sequence, or teaching methods.

Notification of change in curriculum should be accompanied by appropriate course outlines and teaching plans.

ADMINISTRATION OF ACCREDITATION

- A. Application** — The evaluation (including survey team visits) of an educational program can be initiated only at the express invitation of the chief administrator of the sponsoring institution or an officially designated representative. (This is embodied in the filing of an official application.) Institutions may request that survey team visits be scheduled to coincide with evaluations of other health programs and/or accrediting bodies. The institution is responsible for keeping students informed as to the current accreditation status of the program.

The Council on Medical Education has approved the assessment of limited fees from institutions sponsoring allied health programs, to help defray the costs of accreditation.

The sponsoring organizations (The American Medical Association and the American Association of Medical Assistants) contribute the major portion of the funds required to carry out the accrediting process. Neither the Curriculum Review Board members nor survey teams receive honoraria. They donate their time and effort toward the furtherance of allied medical education. There are only two fees involved in accreditation:

- A \$300. Survey Fee is payable prior to survey (for initial or re-survey)*
- A \$200. Program Service Fee is payable annually.*

- B. Review** — The head of the institution being evaluated is given the opportunity to review the

factual part of the report prepared by the visiting survey team, and to comment on its factual accuracy before final action is taken.

- C. Appeal** — Accreditation decisions may be appealed by letter to the AMA Council on Medical Education.

- D. Length** — Accreditation will be granted for a minimum of 2 and a maximum of 5 years; re-survey will be conducted within the specified period at the discretion of the accrediting agency.

- E. Withdrawal** — The institution may withdraw its application for initial accreditation at any time (even after evaluation) prior to final action. The institution may request that its accredited program be withdrawn from the published list at any time.

- F. Revocation** — The AMA/AAMA may withdraw accreditation when the following conditions prevail:

1. The educational program is not in substantial compliance with these Essentials, or
2. There are no students in the program for thirteen consecutive months. Accreditation is revoked only after notice has been given to the head of the institution that such action is contemplated, and the reason therefore, sufficient to permit timely response and the use of the established procedures for appeal and review. Accreditation may not be revoked without giving the institution the opportunity for an on-site visit and hearing.

APPLICATION AND INQUIRIES

- A. Accreditation** — Application for accreditation of a program should be made to:
- Department of Allied Health Evaluation
 - Division of Educational Standards and Evaluation
 - American Medical Association
 - 535 North Dearborn Street
 - Chicago, Illinois 60610
- B. Career and Certification** — Inquiries should be addressed to:
- American Association of Medical Assistants
 - One East Wacker Drive
 - Chicago, Illinois 60601

GLOSSARY

Definitions of some terms used in the *Essentials* and Guidelines which may be helpful to users:

"*Essentials*" are policy documents which provide minimum standards for an educational program.

"Guidelines" are the explanatory materials for the *Essentials*.

"Shall" is used in laws, regulations or directives to express what is mandatory.

"Must" is an imperative need or duty, a requirement, an indispensable item.

"Should" is used to express ethical obligation or propriety.

"May" expresses freedom or liberty to follow a suggested alternative.

"Could" is used to suggest another alternative for meeting the intent.

"Sponsoring Institution" means the educational institution which assumes the primary responsibility for curriculum

planning and course content, coordinates classroom teaching and clinical experience, appoints faculty, provides financial support, admits students, and provides official evidence of completion of the program.

"Accrediting" means the process whereby an agency or association grants public recognition to a school, institute, college, university, or specialized program of study which meets certain established qualifications and educational standards as determined through initial or periodic evaluations. The essential purpose of the accreditation process is to provide a professional judgement as to the quality of the educational institution or program(s) offered, and to encourage continual improvement thereof.

"Institutional Accreditation" applies to the total institution and signifies that the institution as a whole is achieving its educational objectives satisfactorily.

The term "Accreditation" then, is applicable to institutions or programs sponsored by institutions; as such it is to be distinguished from such terms as "licensure," "certification" or "registration," each of which applies to recognition of persons.

*PROCEDURES & PRACTICES IN ALLIED HEALTH PROGRAM ACCREDITATION**Adoption and Revision*

These basic practices were adopted by the Council on Medical Education in 1970 and revised subsequently by the Committee on Allied Health Education and Accreditation (CAHEA) for the guidance of professional associations collaborating in the accreditation of educational programs for the allied health professions and services. They have been prepared to meet the issues of the present and immediate future, and do not preclude future modifications.

Principles

The objectives of accreditation are: (1) to establish, maintain, and improve standards of quality for educational programs in the allied health professions and services; (2) to provide recognition for educational programs which meet the standards established by the appropriate accrediting agency; and (3) to encourage and assist in the development of new educational programs which meet demonstrated needs in allied health fields, and (4) to establish, maintain, and improve standards of quality of such programs.

Responsibility

Increasingly today, the physician shares the responsibility for various aspects of health care with other health professionals. In turn, professional associations representing allied health specialists should share equally with medical specialty societies the responsibility for establishing and maintaining educational standards in the allied health fields. The medical profession is aware of its responsibility in relating to all

the allied health fields which find their focus, indeed their reason for existence, in the care of the patient. Where the medical care of the patient is concerned, the physician has legal, moral, and ethical responsibility. As the major professional organization for physicians, the American Medical Association feels this responsibility keenly and believes that it is most beneficial to cooperate with the collaborating allied health organizations in coordinating the multiple and diverse components of the health care team through which the total care of the patient is provided. The collaborative process of promoting educational standards is an important factor in assuring the competence of the individual to serve the public interest.

Non-Governmental Accreditation

Accreditation is, and should remain, a voluntary and nongovernmental process, conducted by the professional associations concerned. Health professionals are partners with educational professionals in this work. Partly because of the increased mobility of the population, minimum standards for education in the health professions must be national; state standards should complement, supplement, and may be higher than national standards. They should not replace national standards, nor should state approval compete with national approval. States can and should participate in developing, reinforcing, and revising national standards when necessary.

Role of CAHEA and Collaborating Organizations

Each organization collaborating with CAHEA provides its appropriate competencies. Each organization specifically concerned with accreditation for an allied health profession provides expertise in its specific area: (1) each participates in drafting the basic requirements for a program of education in that field (the *Essentials*) and in preparing revisions when

necessary; (2) each provides skilled personnel to evaluate programs and to ascertain the extent to which the educational programs meet the *Essentials*; (3) each provides representatives to meet as a Review Committee to receive program evaluation reports. The American Medical Association provides liaison participation.

The American Medical Association, in cooperation with the collaborating organizations, and with the Review Committee which they sponsor, assist in drafting new *Essentials* or in revising existing *Essentials*, using the standard format that it provides. Proposals for new or revised education *Essentials* are reviewed by the Committee on Allied Health Education and Accreditation (CAHEA), which makes its recommendations regarding their acceptability to the Council on Medical Education for AMA adoption. The Council on Medical Education consults with the AMA Section Councils concerned, and accounts for the concerns of the community of interest. *Essentials* are similarly adopted by the organizations which elect to collaborate in the sponsorship of the accreditation. No final authority is specified; adoption of *Essentials* has to be unanimous for an accreditation program to be initiated or sustained.

Functions and Mechanism for Establishment of Review Committees

When only one organization is collaborating with the AMA in the accreditation of an educational program in a given allied health profession, a Review Committee is formed to review these educational programs and to make recommendations concerning program accreditation to the Committee on Allied Health Education and Accreditation.

When more than one sponsoring organization is involved in the training for an allied health occupation, a Joint Review Committee (JRC) is appointed

whose members represent the sponsoring organizations. There should be equal representation between the profession or occupation under consideration and the interested medical specialty groups. Each collaborating sponsor organization: (1) designates its own representative to the JRC; (2) receives formal reports from its representatives, as well as reports of all formal actions by the Committee; (3) pays expenses for its representatives to attend meetings of the Joint Review Committee (and the Panel of Consultants and CAHEA meetings); and (4) contributes financially to the budget of the Joint Review Committee.

A Review Committee: (1) elects its own chairman annually or biennially; (2) should conduct its meetings under *Robert's Rules of Order* or some other similar guide to parliamentary procedure; (3) schedules, organizes, and directs an individual or group of persons who evaluate applicant programs relative to compliance with published *Essentials*; (4) receives and reviews formal reports which are prepared by on-site evaluation teams and agrees upon which accreditation action to recommend to the Committee on Allied Health Education and Accreditation; and (6) prepares drafts of proposals for revisions in *Essentials* when required, submitting them to the JRC's sponsoring organizations and to the Committee on Allied Health Education and Accreditation for review. If one sponsoring organization does not approve the proposed *Essentials* within one year, the proposal, together with dissenting reports, shall be forwarded to the Committee on Allied Health Education and Accreditation for consensus on action to be taken.

Channels of Appeal

Adverse accreditation decisions may be appealed through the following processes. An institution may appeal an adverse accreditation decision of the

Committee on Allied Health Education and Accreditation by submitting to the Committee, in writing, the objections to the evaluation report together with supporting data and information with its request for reconsideration. The CAHEA refers the appeal to the Review Committee for the particular allied health profession or occupation. After its review, that body may either sustain or change its original recommendation to CAHEA. Action on the appeal may include a second on-site evaluation survey of the program. CAHEA then decides, on the basis of the second recommendation. If the second recommendation is to sustain the first and CAHEA concurs in sustaining, the institution still has a final appeal to CAHEA. Such final appeal is before a special "ad hoc" panel especially formed by CAHEA to hear the appeal. The final decision on this appeal is made by the CAHEA.

Revision of Basic Principles

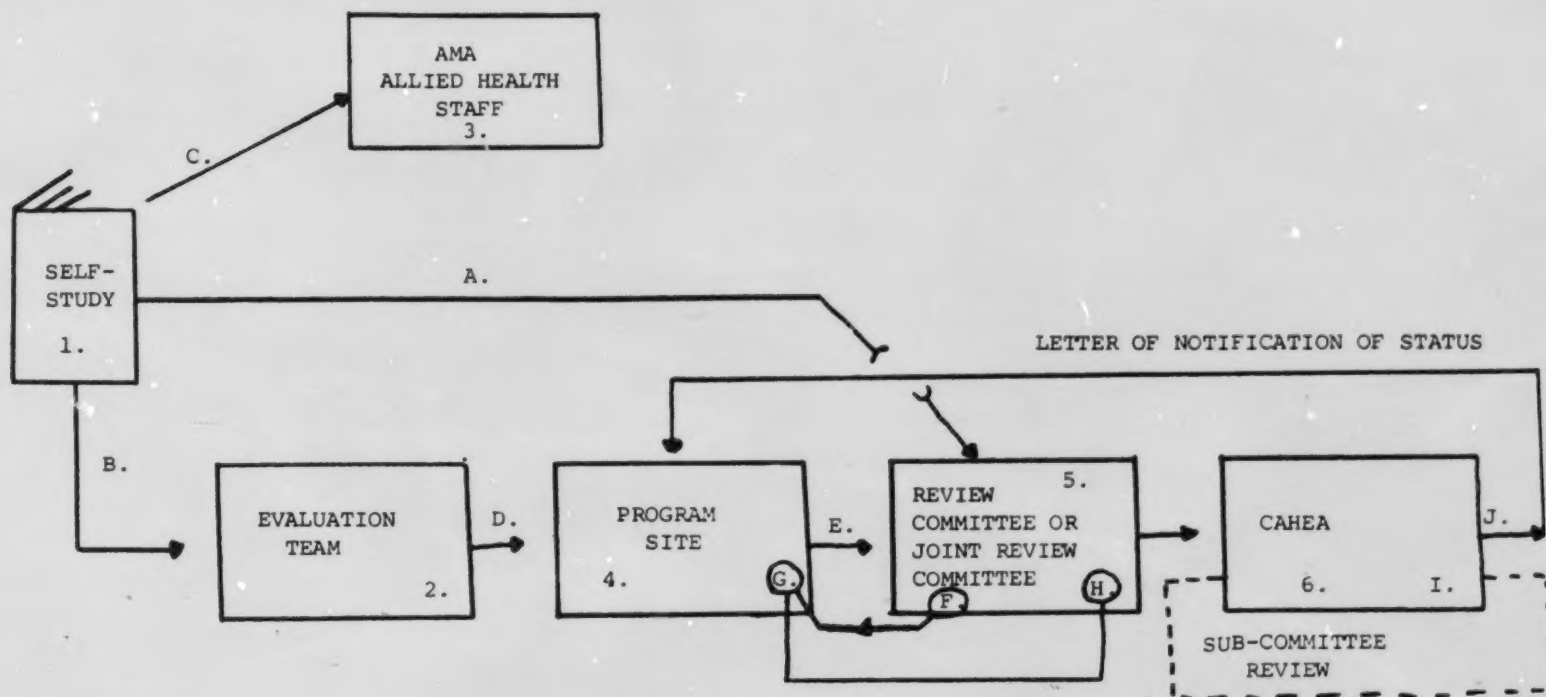
The rapidly changing nature of the fields of health and medical care will periodically require collaborative review and revision of these principles. Such revisions are submitted to the Committee on Allied Health Education and Accreditation for consideration with the Panel of Consultants and Special Advisors. If sustained, these revisions must be endorsed by the collaborating organizations.

Flow of Information for Program Evaluation

An accompanying diagram depicts the general flow of events in the process of preparing for program evaluation on the part of program personnel, the roles of a visiting team, the place of a Review Committee, and the Committee on Allied Health Education and Accreditation.

This diagram indicates that the self-study documentation is prepared and completed at the site of the program to be evaluated. An appropriate number

PROGRAM EVALUATION - FLOW OF INFORMATION AND ACTIVITY



1. Prepared by Program and Institution.
2. Survey Team consists of two or more persons.
3. Assistant Directors, AMA Dept of Allied Health Evaluation.
4. Program to be evaluated within its institution.
5. A (Joint) Review Committee.
6. Committee on Allied Health Education and Accreditation.

- A. Submittal of Self-Study documents.
- B. Same.
- C. Same.
- D. Site Evaluation Visit
- E. Evaluation Visit Report to (Joint) Review Committee.
- F. (J)RC returns report to school for review.
- G. School review of report.
- H. (J)RC determines status recommendations.
- I. CAHEA acts on final recommendations.
- J. CAHEA sends letter of Notification.

of copies of this self-study go forward, in some instances to a Review Committee and in other instances to AMA Allied Health Staff. In either event, appropriate distribution is given to copies so that ultimately voting members of a Review Committee receive a copy for detailed analysis. Later distribution includes the two or more members of a site evaluation team who receive their copies in sufficient time in advance of the visit to be able to absorb and analyze their contents. During this period, Staff personnel in support of the Review Committee (or other designated personnel) complete arrangements for the site visit.

The program is evaluated on-site by the visiting team according to a pre-arranged agenda which provides opportunity to investigate and verify all facts and other matters reported in the self-study. The team prepares and submits to the Review Committee its report of on-site program evaluation. This report is reviewed and as soon as feasible is returned to program personnel and others at the institution for verification or correction of factual matters which appear in the report.

The Review Committee again receives the corrected or commented upon report from the institution and provides copies of it to the voting members of the Committee. At the next called meeting of the Review Committee the members act on all information available, primarily that from the self-study and the report of on-site evaluation.

The Review Committee, acting through its staff, sends forward its formal recommendations regarding program status to the AMA Allied Health Staff who in turn enter them into the agenda of the Committee on Allied Health Education and Accreditation. That Committee (first through a designated Sub-Committee) reviews all of the findings sent forward from the Review

Committee. The full committee takes final action on the recommendations regarding program accreditation. This action is formalized as a letter of Notification which goes forward to the institution official responsible for the conduct of the training program.

Appendix 8

ILLUSTRATIVE GUIDELINES FOR CONDUCTING AN ON-SITE EVALUATION

BASED ON

MEDICAL RECORD ADMINISTRATOR

OR

MEDICAL RECORD TECHNICIAN

TRAINING PROGRAMS

REGARDING ABBREVIATIONS:

AMRA: AMERICAN MEDICAL RECORD ASSOCIATION

MRA: MEDICAL RECORD ADMINISTRATOR (BACCALAUREATE)

MRT: MEDICAL RECORD TECHNICIAN (ASSOCIATE DEGREE)

RRA: REGISTERED RECORD ADMINISTRATOR

ART: ACCREDITED RECORD TECHNICIAN

PURPOSE OF ACCREDITATION SURVEY

Purposes of the Accreditation Survey:

1. To assure the accrediting agencies that the educational program is being conducted in accordance with the minimum essentials established for such programs by the professional associations concerned.
2. To afford an opportunity for school faculty to confer and consult with educational specialists from outside the institution.
3. To assist the schools in their continuous programs of self-evaluation and improvement of the quality of instruction.
4. To promote exchange of ideas between educators and practitioners of the profession.

Accrediting:

Activity engaged in by CAHEA-AMRA with its purpose being the identification and preservation of quality in medical record administration.

Publication of lists of accredited programs includes only those programs which have demonstrated satisfactory quality.

1. What is the educational task of the program?
 - a. Emphasize importance of clarity of purpose.
 - b. Statements of purpose are essential guides to educational planning.
2. Are the necessary resources available for carrying out the task of the program?

Resources include faculty, other instructional resources (library, laboratories, etc.), physical plant and equipment, and financial resources.

ROLES AND FUNCTIONS OF SITE EVALUATOR

Review the *Essentials* and Guidelines for the particular discipline.

Review the occupational description for the particular discipline.

Review the written materials received prior to the on-site evaluation visit.

Utilizing the *Essentials* and Guidelines as a basis, determine the additional information needed from the on-site evaluation visit:

Determine individuals to be interviewed

Determine facilities to be visited

Determine reports and records to be reviewed

Exhibit professional behavior throughout the on-site evaluation visit in interacting with members of the team, and with representatives of the institution.

Utilizing the interview process, collect the pertinent data needed during the on-site evaluation visit:

Formulate the objectives of the interview and questions

Conduct the interview in a facilitative manner

Utilizing the *Essentials* and Guidelines as a basis, analyze the data available from prior material and the data received during the site visit, and identify the strengths and areas of concern in the program.

Participate, as a member of the team, in developing the oral and written report:

Formulate the general comments

Formulate the specific strengths

Formulate the specific areas of concern

Formulate recommendations and suggestions for strengthening program

Participate, as a member of the team, in orally transmitting the report to program representatives in a concise, precise, and effective manner.

Maintain confidentiality of all information associated with the accreditation of the program.

REVIEW OF SELF-STUDY

In reviewing the Self-Study, it is particularly important to look for such things as the following: (These are not listed in order of priority)

- A. Administrative placement in the organizational structure of the educational institution.

An appropriate placement is within a School or College of the Allied Health Professions, or a Division of Health Technologies or Allied Health Professions, if such a division has been established within the college or university. If not, a suitable placement within the administrative structure of the college or university would be in a manner similar to other associate or baccalaureate degree health professions offered by the educational institution. Programs in medical record technology/administration should have the same status as similar allied health programs. Administrative placement has important influence on program status within the institution and also the status of the program director/coordinator, budgetary allocations, policy determinations, etc.

- B. Academic ranking of the program director/coordinator and instructors, and administrative titles.

A program director/coordinator must have a faculty appointment. As a result, he should be involved in faculty committee functions. It is important that this person be involved in the academic community, not only for the contributions he can make, but also for what he may gain from working with others for the good of the program, himself personally, and the educational institution.

For faculty members (including director), what is the length of the contract? 10 months? 12 months?

C. Curriculum

Are courses included in the curriculum which meet the requirements of the *Essentials*?

Are additional required courses reasonable and pertinent?

Do they contribute to the overall quality of the program?

Are prerequisite courses clearly stated?

Are there additional courses strongly recommended as electives?

Is there logical sequence in the curriculum?

Is there cooperation between other departments offering courses, and communication as to what is needed for students in medical records?

Is there proliferation of medical record courses? Check the number of individual courses students are required to take each quarter and semester.

Anything over five preparations should be examined carefully and evaluated.

Is the curriculum too rigid? What are the opportunities for electives chosen by the student?

In the case of an MRT program, are there several business related courses required that could be included in one of the medical record science courses, thus freeing time for electives?

Anatomy and physiology--is a laboratory included? Is the anatomy and physiology course given by the biology department? Would the anatomy and physiology course taken by MRT students transfer to another school if student wishes to work toward the baccalaureate degree in Medical Administration?

D. Program Budget

Is it program, division, or school budgeting? What does the medical record budget include?

Who prepares it?

Who approves it?

Is it adequate for the program's needs?

E. Advisory Committee

(Guidelines for Advisory Committees should be at hand for discussion with committee members.)

What is the program director/coordinator's evaluation of the committee's effectiveness?

What is its composition?

What are the functions and activities of the members? What are their current activities? Future plans?

How often are meetings held?

Are minutes from each meeting available?

F. Directed Practice Sites

Are there signed agreements between the college or university and the health facility being used as a directed practice site? Specifying responsibility of each?

What is the program director/coordinator's overall evaluation of the cooperation of hospital administrators, RRA's, ART's, etc., who are involved at the directed practice sites?

Do these sites provide a variety of medical record systems to the student?

Are they within close proximity of the college or university? If not, are arrangements made to transport students to and from these facilities?

What methods of evaluation of assignments are used?

Are the students given opportunity to evaluate these sites, as well as the directed practice supervisors to evaluate the students?

G. Medical Record Science/Administration Laboratory

Is the allotted space for medical record classes and laboratory adequate?

Is there a limit on students enrollment due to lack of space or other factors?

If more space is needed and has been acknowledged or recognized, are there plans for expansion?

H. Faculty Committees

On which faculty committees do the program director/coordinator and medical record faculty serve?

Are medical record program faculty members invited to contribute to policy formulation for the college or university?

I. Problem Areas

Are there particular problem areas as identified by the program director/coordinator that the survey team should pay particular attention to?

You may wish at this time to ask the program director/coordinator about the policy for part-time students in the medical record program. If they are not being accepted at this time, encourage her to plan to do so. Discuss possible problems involved. Is there a student medical record organization on campus?

If no - is there a need for one?

If yes - what do they do?

MEETING WITH PROGRAM DIRECTOR/COORDINATOR

The Self-Study has been thoroughly reviewed prior to this meeting.

Purpose: To discuss and clarify the information received in the Self-Study and to review additional materials the director/coordinator may have.

In addition, the director has been asked to provide a list of students in the various years of the Program; list of required texts; and schedules of Directed Practice assignments.

1. Decide whether the survey schedule of activities will meet the surveyor's needs and make appropriate changes at this time.
2. Ask the director/coordinator to provide any information which does not appear on the Self-Study.
3. Clarify any questions you might have raised in your own mind re: information listed on Self-Study.
4. Inquire where program records are located so that they may possibly be reviewed at a more advantageous time than what may appear on the schedule.
5. Does program director feel she has everything she needs to teach the courses? And adequately direct the program?
6. Is financial support adequate? Laboratory equipment?
7. Who established admissions policy? (If there is one) Is it enforced?
8. What does program director see as major strengths of the Program?
Major weaknesses?

9. What do you tell your students they will be prepared to do, following completion of MRA or MRT curriculum? What types of jobs do you tell them they will be qualified to fill?

*INTERVIEW WITH APPROPRIATE DEAN OR ADMINISTRATIVE OFFICER(S)
OF THE EDUCATIONAL INSTITUTION*

1. Explain who you are and the organizations you each represent.
2. Explain why you are there, the purpose of the survey, some of the things you will be looking for, and people you will be having conferences with.

Emphasize your wish to be as helpful as possible to him and the program director/coordinator in whatever manner possible--consultants as well as surveyors.

3. Explain that at the conclusion of the survey on the second day, you will meet with him and the program director/coordinator (and perhaps other appropriate personnel) to give a verbal report of survey findings with recommendations for strengthening the program.

Approval categories might be explained at this point.

4. Explain that a written report will be sent, usually within two months--for review by representatives of the educational institution to allow corrections in any factual information, before presentation to the appropriate committees of the AMRA and the AMA.

Topics of Discussion

- A. AMRA is interested in the quality of educational programs because the graduates will be members of the profession and will hold responsible positions in the field following graduation, possibly in state and national organizations.

- B. What does the college/university administration see as the future of this program? What are the Dean or President's opinions about the program? Is the program fulfilling a need in the community or region served? Are there future plans for expanding programs in the health professions?
- C. Is there an overall Advisory Committee for the Division of Health Technologies or Allied Health Professions? Are members helpful and supportive? Do they advise the college/university re: job opportunities and manpower needs of the area?
- D. Are there adequate clinical sites in the area to fill the needs of the MR or other programs in the health fields? Are there agreements of cooperation? Are there systematic plans for clinical faculty inservice growth and development?
- E. Are there ongoing educational opportunities for the faculty (e.g., sabbaticals, free tuition, weekly planned programs, etc.)? This is important because ordinarily RRA's are not trained primarily as educators. Thus, there is a need for continuing education.
- F. Indicate concern that the MRT/MRA program is administratively and financially supported in a manner similar to other ongoing programs.
1. What is considered to be a full-time teaching load? (15 hr/wk is average.
 2. Are there provisions for a decreased teaching load for program directors and coordinators or department chairmen. (Range may be from three to twelve hours/week.)

Faculty service load may be calculated by credit hour or student contact hours. However, load-measured only in these terms provides only a partial picture of the load situation. Also to be taken into account are: (1) class preparation time, (2) faculty committee work, (3) administrative responsibilities, (4) student counseling, (5) community service.

Faculty overload is a threat to institutional quality.

(Pattern set by the Department of Nursing for faculty teaching load provides an excellent basis for comparison.)

Suggested teacher/student ratio is 1 to 10-12, approximately. This number includes all students in the medical record program.

- G. Does the college/university actively support faculty participation in their local, state, and national professional associations?

Additional Aids in Obtaining Overall View

1. Remedial courses available
2. Recruitment of minority groups
3. Total student enrollment of the college/university; total enrollment in the allied health programs. (This information may also be obtained from the Admissions Officer.)
4. Pass/fail grading system--has it been instituted at this college or university?
5. Does the college/university have a policy re: credit by examination? (Challenge courses for credit.) Is there a policy re: challenge examinations for credit?

6. Is there a correspondence division? What types of courses are offered?
7. How many credits earned by correspondence study may be applied toward a baccalaureate degree? (This may be Registrar's concern.)

Community Relations

1. To what degree do outside agencies aid the school in implementing the total educational program?
2. Who has responsibility for coordinating the community relations activities?
3. To what extent are the various communications media used?

Long-Range Planning

1. How are priorities established for new programs?
2. How are staff members, advisory council, and outside groups involved in the development of long-range plans?
3. What provisions are made for periodic evaluation and modification of this program, in light of new developments?

DIVISION CHAIRMAN

1. What is the educational responsibility of the Division?
2. What type of objectives have been established for the Division?

Educational Experiences

- A. Analysis of entire range of educational experiences and indication as to how these relate to institutional purposes.
- B. Analysis of institutional arrangements for providing educational experiences.

Student Achievement--Consistent with Purposes of Institution?

Realistic expectations regarding student achievement must take into account the kinds and levels of ability of students admitted to the institution such as: high school grades, class rank, standardized aptitude, and achievement test results.

Important measure of program accomplishment is the progress made by its students toward desired goals, rather than absolute level of student achievement.

Data on the number and performance of graduates who continue in graduate or professional school is a useful measure of student achievement to the extent that preparation of students for further formal study is an accepted purpose of an institution.

Self-study is wasted effort unless it serves as an agent for change.

Principles of Curriculum

Continuity - Pertains to the need for repetition of significant concepts throughout a course of study to ensure that the student understands and assimilates the concepts.

Sequence - Refers to the progression of learning experiences in order that the student may develop a broader and deeper understanding of more complex and abstract ideas.

Integration - Involves development of unity among learning experiences, that is, the interrelatedness of concepts learned in one discipline with those applicable to another discipline.

These three curriculum organizing principles help to produce a total, meaningful, educational experience.

Curriculum rationale should consciously be made explicit because if it is not stated, there is real danger that the instructional effort will be diffused and undirected.

What the Surveyor Should Look For

1. You should find evidence that care has been given to the development of precise objectives--properly sequenced--related to goals of the program--measureable in terms of student performance and consistent with a reasonable level of learning for graduates entering the profession.
2. You should find data to aid you in assessing whether the instructional process (AV aids, equipment, etc.) support the course content and

objectives, and is designed to meet the variety of needs of a variety of learners.

3. You should find data to indicate that evaluation is an ongoing and integral part of the curriculum and instructional process.
4. The curriculum system should allow students to proceed through a rational, logical learning process which, when they complete it, will result in competent practitioners entering Allied Health as defined by the medical record profession.

EVALUATION OF CURRICULUM

1. Opportunity for electives?
2. Anatomy and physiology placement, and department offering
3. Course outlines
4. Placement of required courses--appropriately placed in the appropriate year?
5. Core courses with other allied health professions? If so, who teaches them?
6. Student and faculty evaluation of the usefulness of courses provided by other departments

(See MRT or MRA Handbooks for discussion of curriculum.)

Underlying consideration in reviewing curriculum might be:

Do course titles reflect what is actually covered in the course?

What is the proportion of liberal arts and sciences, business courses, social sciences, and medical record science within the total curriculum?

Curriculum - Total range of educational experiences available to or required of students.

Objectives should be stated in terms of desired changes to be effected in the learner.

Sources of Curricular Materials

1. Bodies of knowledge accumulated by scholars in the disciplines and professional field, and
2. Analysis of societal demands--personal, social, avocational, and vocational--which confront adults.

Program of general education: enables student to become acquainted with the major areas of knowledge--biological sciences, humanities, physical sciences and social sciences.

Pattern and degree requirements for degrees and diplomas should be outlined in the catalog and in departmental and divisional announcements.

MEETING WITH FACULTY IN THE BASIC SCIENCES

Course outlines usually accompany the Self-Study and will have been reviewed before this meeting. These course outlines should be available at the time of the meeting.

Main Areas of Concern Are the Following

1. Instructor's name
2. The faculty appointment of the instructor and administrative title.
Is this person from the biology department, nursing division, etc.?
3. Texts used. Are there lab manuals available? Primarily, is there a lab offered in connection with this course?
4. Is this a core course taught also to other allied health professions?
(occupational therapy, physical therapy, X-ray technology, nursing, etc.)
5. Teaching materials used
6. Examinations--type given, how often, etc. Grade books maintained?
7. Classroom and lab facilities. Average size of room, average number of students, who supervises lab?
8. Is this course part of a sequence? What level? Are there MR students in this course? If so, how are they doing (compared to the others, if this is a core course)? Particularly in anatomy and physiology, is the student's background in science and terminology adequate? Are there prerequisites for the course? What are they? Is this course available every semester or quarter? Summer? Evenings?

9. Is high school science necessary for this course?

When inquiring re: classroom and lab facilities, if these are within close proximity, it may be more convenient to see them at this time, if they have been scheduled for later in the day or perhaps not scheduled at all.

A question that might be more appropriately addressed to the program director/coordinator, but should be answered in relation to this meeting, is whether it is possible for students in medical records to take the anatomy and physiology course when it is scheduled. Also ask about this relative to other required courses provided by other departments.

Following these interviews, discussion should be held with the program director/coordinator regarding the appropriateness of the content of this course for the medical record students. Applies also to other faculty interviews. Consider appropriateness of content of basic science course for the MR program and discuss later with program director/coordinator.

MEETING WITH MEDICAL TERMINOLOGY AND
MEDICAL RECORD SCIENCE/ADMINISTRATION INSTRUCTORS

The course outlines for these courses ordinarily will have accompanied the Self-Study and will have been reviewed prior to this meeting.

Medical Terminology

1. Instructor's background--RRA, ART, RN, etc.
2. Textbooks used? Which are purchased? Programmed texts available?
3. Laboratory for practice? Is language lab available at the college/university? Is it used for medical terminology?
4. Does instructor require pronunciation ability in terms for satisfactory completion of the course? Is it taught as a language?
5. Medical record students--how are they doing? Compared with other allied health students who may be in the same course? Review of gradebook?
6. Examinations--what type used? How often given? Grade scale?
7. Have all students had anatomy and physiology prior to taking this course?
8. Is this a core course or for medical record students only?
9. How many quarters required (or semesters)? One? Two?
10. How often is this course offered? Every semester? (or quarter?)
11. New medical terminology course outline--what use is made of it?

1. Does program director/coordinator feel he has everything he needs to teach this course?
2. What type of field trips, laboratory experiences, etc., are the students exposed to? Where in the curriculum are they first exposed? Are students exposed to newer type health facilities?
3. Teaching materials used?
4. Textbooks used? Do you use Resource Guides?
5. Evaluation methods? Examinations?
6. Instructor appointment? Rank? RRA or ART? Other?
7. Are cumulative records of hours spent in the various lab and directed practice assignments kept in the student records? (This is also something to watch for in reviewing student records; will be discussed in that regard.)
8. Is there coordination of lab practice with didactic instruction and subsequent directed practice assignments? Is the approach unit by unit? Followed by specific directed practice assignments related to these units?

MRA Courses Only

Fundamentals of Medicine:

Faculty of Medical School, if possible, should be invited to contribute to the course. Course should be taught by M.D. and preferably coordinated by him, although RRA coordination with M.D. speakers is acceptable.

Organization and Management:

Study of principles of organization, administration, supervision, and human relations (as listed in the MRA *Essentials*)--Courses provided by the School of Business should be carefully evaluated by the program director regarding appropriateness.

Application of those principles to the medical record department should be taught by an RRA.

Analysis of organizational patterns in hospitals and other health care facilities should be taught by, or with the assistance of, the hospital administrator.

Data Processing Systems:

Introduction to data processing provided by the School of Business or Information Science is usually satisfactory. Ordinarily, however, we encourage the program director to work with the Director of Information Science Center to develop an advanced course on medical information systems design and management.

Review lab and teaching materials shortly after discussion with faculty members.

What are objectives for MR courses? What should the student be able to do or should he know?

Do course titles reflect what is actually covered in the content?

STUDENT RECORDS

1. Are cumulative transcripts kept? To date? (Grade reports of courses taken prior to entering medical record core courses.)
2. Student conference notations kept?
3. Student evaluations and evaluations by students on file?
4. Cumulative records of hours spent in the various areas of laboratory and directed practice assignments?
5. Transcripts of high school credits and admissions data?
6. Record of progress toward completion of professional program?
7. Are there records kept of students who have dropped out of the MR program?
8. Copy of admission forms for application to the MR program?
9. Review program director/coordinator's gradebook
10. File of correspondence for available positions maintained? (May wish to suggest such a notebook if requests from hospitals and other health care facilities are frequent--for student use)
11. Review examples of student work
 - a. Research
 - b. Projects
 - c. Papers
 - d. Etc.

12. Review student records with particular attention to the student's meeting stated requirements for the school and the *Essentials* for admission to the program.

COUNSELING DIVISION

Lack of influence in student career selection by counselors may result in unrealistic career choices and misunderstanding of Community College Programs.

1. Is counseling available for students, other than academic?
 - a. Personal
 - b. Family
 - c. Vocational
 - d. Social-personal
 - e. Educational
 - f. Etc.
2. Is the counseling division aware of the program in medical records?
Are they aware of the MR program requirements?
3. Do they have MR brochures and informational materials for student distribution?
4. Is there a particular counselor who serves as liaison between counseling division and medical record program director/coordinator?
5. How many professional counselors are there on the staff?
6. What kinds of financial aids are available to the students? Are the counselors aware of the FORE Foundation?
7. Request opportunity to see vocational files.
8. Do they have the MR pre-professional curriculum?

9. What kinds of test batteries are available?
10. Are there stated requirements for entering medical record program which have been furnished to the counseling division by the medical record program director/coordinator?
11. What pre-enrollment counseling is offered to prospective students?
12. What instruments and other means are used to ascertain student's aptitudes for the various programs?
13. Explain any opportunity available for persons to prepare themselves for enrollment if not initially eligible.
14. Explain availability of counseling services to students.
15. What assistance does the institution provide to students seeking part-time employment while in school?

HEALTH SERVICES

1. Who is the director?
2. What is the extent of the professional staff?
3. What are the routine procedures and what services are available to the students?
4. Ask for records of MR students, based on class roster obtained from the program director/coordinator. The intent here is not to review the health records of these students, but to note whether they are actually on file.
5. Are physical examinations carried out, or could they be carried out for MR students prior to clinical affiliations?
6. What hours is the infirmary routinely open? Is there 24 hour coverage?
7. Is insurance coverage good for all services offered by the infirmary?
8. Are there arrangements and agreements with local hospitals for the care of the seriously ill student? Is there a local mental health center?
9. If the college/university has no health service on campus, are there provisions for emergencies that may arise?

CLASS VISITS AND STUDENT INTERVIEWS

First and second-year MR students are interviewed separately.

1. Explain to students who you are and who you represent.
2. Stress the confidentiality of expressed ideas and encourage open participation.
3. Ask for feedback on the following points or areas:
 - a. Feelings about the MR program in general
 - b. MR courses in particular
 - c. Anatomy and physiology course (Inquire if all or how many have had these two courses or when they plan to take them.)
 - d. Other courses--particularly business courses, typing, etc. Are they valuable? Are they applicable to medical records?
 - e. Field trips--where? When? Have they been of value?
 - f. Given the opportunity, is there anything you would change about the program?
 - g. Directed practice--have they all had the same experiences and exposures?
 - h. How many are student members of the AMRA? Do they know that they are eligible for student membership? (Encourage student membership wherever appropriate.)
 - i. How did you first learn of medical records?
 - j. What were the requirements for entering the MR program? Particularly with MRA student, note responses relative to the requirement of the *Essentials* for two years of the natural sciences and the lab course in anatomy and physiology and statistics.

- k. Ask for any other comments.
- l. Who is your advisor?
- m. Is the counseling office helpful?
- o. Did you know what was expected of you in directed practice before the first day at clinical site? Did you feel adequately prepared academically to perform?

Second year students or senior students:

- 1. Have you looked for jobs? What positions have you been told, via counselors, you will be qualified to take?
- 2. Have you written letters of application?
- 3. Does your Program Director apprise you re: vacant positions she is aware of?
- 4. Have you selected a particular position which you would like to have, such as assistant to RRA?
- 5. Does anyone have plans to enroll in MRA program?
- 6. How did you (or will you) decide what type position to look for, or where?
- 7. What is your favorite part of the program?
- 8. Given an opportunity, is there anything you would change about the program that presently exists?

STUDENTS

Accessibility to faculty?

Is faculty sensitive to student needs?

Can student discuss negative feelings openly?

Who would student go to with a complaint about the program?

Did student know what the program was all about when he enrolled?

Was there any type of orientation before going to MR program? By whom?

GRADUATES

Inquire about decision-making process in job-hunting.

Do graduates feel they can return to college and use available resources (faculty and other, e.g., library)? Do you ever do so?

Are you happy in your job? Are you doing what you expected you might be doing or what you felt you were being educated for while a student?

DROPOUTS

Why?

ADMISSIONS OFFICE

1. Entrance requirements for that particular institution? SAT? Other standardized tests? What are the cut-off scores? Does the school have open-enrollment policy?
2. Physical examination required prior to entrance?
3. Is an Admissions Committee utilized for student selection? How does it operate?
4. Grade reports from high school available?
5. Is there an out-of-state quota? Are admissions requirements higher for these students?
6. What are the methods of communication between the Admissions Office and the MR program director/coordinator?
7. What are the criteria for admission to the MR program?
8. What is the extent of involvement in recruitment? What programs have been established? High schools visited?
9. Do the MRT/MRA director/coordinator and/or the MR faculty participate in this recruitment?
10. Information on total enrollment
 - a. Full-time
 - b. Part-time
 - c. Night programs
 - d. Foreign students (Any in medical records?)
 - e. Minority group enrollment

11. Is there planned orientation for new students? How do program directors/coordinators become involved in this?

REGISTRAR'S OFFICE

1. Grade reporting system. Are copies sent to advisors or program director/coordinators at the same time they are sent to students?
2. Can cumulative transcripts be provided the program director/coordinator for each student in the MR program?
3. What are graduation requirements?
4. Does the institution accept transfer of grades earned by examination or the pass/fail grading system?
5. Academic probation?
6. Review MR students cumulative transcripts. Are there any on academic probation?
7. What are the policies re: "D" grades in required courses? Does student have to retake course until "C" or better is earned? Is policy re: Medical Record Course grades required clearly expressed and understood by students and faculty?

LIBRARY

1. Total holdings
2. Periodical subscriptions.
3. Holdings for Medical Record Science/Administration. (Ordinarily a book-list has accompanied the Self-Study. You may wish to randomly check the card catalog against this list to see that what has been reported is actually available in the library.)
4. Medical Record News.
5. Hospital Literature Index.
6. Budget for purchase of new books. (Newer trend is for library holdings to be purchased from the library budget and not that of the MR program). What is the availability of resources?
7. Instructional-learning resource center, listening stations, audiotutorial machines and materials.
8. What is the procedure to be followed by the program director/coordinator to order books for her program?
9. Audiovisual resources: how do faculty members requisition?
10. Does the library have programmed instruction material? What particular subject areas?
11. Name and qualifications of chief librarian.

Books and Periodicals

More important than the number of books, periodicals, and reference books is the extent to which the collection accurately reflects the needs of the program as defined by its educational tasks.

The growth in the program should be reflected in the distribution of holdings and acquisitions. Collection should be regularly culled out and out-of-date materials removed.

In evaluating the collection, attention should be given to distribution of holdings among subject fields and to the needs of individual courses.

In addition, collection must be maintained, i.e., substantial and continuing infusion of new books, carefully selected, should be in evidence in various aspects of medical records.

(Statistics on both student and faculty use of the library may be helpful in forming an impression of the intellectual climate of the program and/or the institution.)

APPROPRIATE DATA FOR JUDGING LIBRARIES
OR LEARNING RESOURCE CENTERS
FOR ALLIED HEALTH PROGRAMS

I. Personnel

- A. Are personnel available in adequate numbers to support the assistance requirements of students and faculty?
- B. Are personnel assigned to the library or learning resource center fully qualified and competent in performing assigned duties?
- C. Is any training (formal or informal) provided to personnel to better equip them for their assignments?
- D. Given specific functions within learning resource centers, are any of the following categories of personnel represented on the staff?
 - 1. Chief librarian
 - 2. Periodicals or reference librarian
 - 3. Technical writers
 - 4. Editors
 - 5. Programmed instruction writers
 - 6. Artist/illustrators
 - 7. Photographers
 - 8. Media specialists
 - 9. Clerk typists

II. Space, Facilities, and Equipment

- A. Is space allocated to the library or learning resource center adequate? (Recommended: at least 2½ square feet per person.)

- B. Are study and/or work areas private, comfortable, reasonably quiet, and relatively free from distractions and interruptions?
- C. Is the library located near production facilities (if learning resource area is available)?
- D. Does the library or learning resource area have access to an efficient information-retrieval system?
- E. Are files of materials adequate?
- F. If needed, are adequate numbers and types of equipment and machines available to provide efficient services? These might include:
 - 1. Typewriters
 - 2. Calculators
 - 3. Microfilm readers
 - 4. Cameras
 - 5. Filmstrip projectors
 - 6. Cassette players
 - 7. Earphones

III. Materials

- A. Are individual files of source materials conveniently located and readily available for student-faculty use? These might include:
 - 1. Writer's guide and style manuals
 - 2. Technical information related to disciplines
 - 3. Sample papers, theses, projects, dissertations, etc.
- B. Are any of the following types of ready reference materials provided?

SUPERVISORS OF DIRECTED PRACTICE

1. Is there a signed agreement between the educational institution and the clinical affiliation sites? Is it available for review?
 2. Are physical examinations required prior to directed practice assignments?
 3. Are cumulative records kept of the assignments, hours spent, etc.?
 4. Are there scheduled meetings of the directed practice supervisors with the program director/coordinator? Before and after student affiliations?
 5. Is there coordination (and written instructions) between the classroom coverage and the directed practice assignments?
 6. Is there exposure to other health facilities, such as nursing homes, extended care facilities, rehabilitation centers, neighborhood health centers, specialty hospitals, etc.?
 7. What are the methods of evaluation?
 8. Tour and observe the facilities and systems available in the medical record department.
 9. Are students taken to medical staff committee meetings? (Medical Record Committee, Utilization Committee, Audit Committee, Cancer Committee, Tissue, Clinical Path, Medical Departmental Meetings, i.e., Medicine, Surgery, Obstetrics-Gynecology, Pediatrics, etc., Infection Committee)
- Are students taken to administrative department head meetings that the RRA or ART would normally attend?

Are they familiarized with Disaster Plans and Fire Evacuation procedure manuals?

10. Do students get practical experience in the preparation of birth certificates? Death certificates?
11. Admitting office procedures? (Inpatients and outpatients)
12. Are there assignments to adjunct departments?
13. Are there services unique to the particular health facility which could broaden the student's experience?
14. Is there an introduction and experience with the tumor registry, heart registry, ICU, CCU, etc.? Home health services? Outpatient department appointment system? Emergency room?
15. Are there opportunities for special research projects for students in the management unit? (MRA students)
16. Based on student's performance and ability, does it seem that there has been logical sequencing from theory to lab to directed practice?
17. Ideas about employment opportunities for graduates. Do you play any role in assisting graduates to find employment? Are graduates being hired?
18. What operational definition of directed practice do you use?
19. Have you had students in your department who have had previous experience in medical records? What arrangements for directed practice assignments are made for them?

20. Are the students exposed to job descriptions, job procedures, census taking, etc?
21. Are the students given an opportunity to evaluate their affiliations, as well as be evaluated?
22. Are the clinical sites in close proximity to the college?

Medical record departments should be well organized and headed by RRA's and ART's and should demonstrate acceptable medical record systems and procedures.

There is no substitute for providing the student an opportunity to apply in a real hospital setting the knowledge and skills he has learned in the laboratory and classroom. There is an essential transition experience between learning and actually doing.

Detailed planning with directed practice supervisors, before students are assigned, careful schedules of time to be spent in each educational area, and careful evaluation during and after directed practice assignments are keys to effective use of clinical practice sites.

Directed practice should be related to the knowledge and skills the students have acquired from the classroom and laboratory instructional program and should not involve activities which require basic instructions from directed practice supervisors.

MEDICAL RECORD SCIENCE/ADMINISTRATION LABORATORY

1. Are the facilities adequate? For how many students?
2. Transcription units? Transcription materials? Requirements for this?
Is the laboratory available for student practice use outside of class time?
3. What reference materials are available? Is there a reference shelf?
4. Instructional resources--sample indexes, charts, folders, Soundex, etc.?

FINAL CONFERENCE--SUMMARY STATEMENT

Program accreditation survey teams act as program evaluators and consultants as well as fact finders. Therefore, in the conduct of an accreditation survey, as well as in the final oral reports to the Program Director and appropriate administrative officials, we provide an evaluation of the program's strength, as well as specific recommendations and suggestions on areas to be improved. At the conclusion of the survey, in conference with the administrative officials and the Program Director, we provide a statement of the survey team's recommendation on accreditation for the program, with emphasis that this is not the final determination but a recommendation to the appropriate Review Committee which will consider it carefully and make an accreditation decision on behalf of the AMRA, which is then referred to the Committee on Allied Health Education and Accreditation for its action on program accreditation status. The latter committee notifies the educational institution of the final action on program accreditation.

In the final oral report to the administrative officials of the university and the Program Director, the CAHEA representative provides a summary of the strengths the survey team has identified in the MRA (MRT) program, and the AMRA representative provides a summary of recommendations for strengthening the program that are related to specific requirements of the *Essentials*, as well as additional suggestions for program improvement developed by the survey team.

Revised June 10, 1977

APPLICATION FOR ACCREDITATION
OF AN
EDUCATIONAL PROGRAM FOR MEDICAL ASSISTANTS:
SELF-EVALUATION OUTLINE

COMMITTEE ON ALLIED HEALTH
EDUCATION AND ACCREDITATION

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street
Chicago, Illinois 60610

CURRICULUM REVIEW BOARD

AMERICAN ASSOCIATION OF
MEDICAL ASSISTANTS, INC.
One East Wacker Drive
Chicago, Illinois 60601

INSTRUCTIONS

-PLEASE READ WITH CARE-

PURPOSE

Self-analysis is an integral part of the accreditation process. Those in charge of a medical assisting program applying for accreditation are expected to use self-analysis as a continuing means of program improvement.

The self-analysis report should present data which (1) the Curriculum Review Board will need as background information about the program, and (2) the On-Site Evaluation Team needs in preparation for and during the on-site assessment. In addition to assessing the quality of the program, the Evaluation Team examines the program to see how well the self-analysis process has been used for improvement.

Through narration and exhibits this report should give a clear and concise picture of the present program, together with evidence of improvements made as a result of self-analysis. Insights into the program should be developed. To the extent possible, improvements should be put into effect before the on-site assessment.

This document may require several months of preparation time, as it includes information relative to the institution, the administration, the faculty, the students, the curriculum, the externship program, and self-analysis of many of these components.

All persons connected with the program should be involved in the conduct of the self-analysis: administrators at different levels, teachers, advisors, students, graduates, employers of graduates, and those with whom externing students affiliate.

Some self analysis is principally a "people" process with the "data" being a record related to the *Essentials* of (1) what was, (2) what is, (3) what is to be and why (1), (2), and (3) were perceived as they are. "Data" includes a recognition of program strengths and areas for improvement with defined plan for dealing with these areas.

GENERAL SPECIFICATIONS

Information provided should follow the format suggested in this document. In preparing the report, the full statement/question and its numbering should be copied as a heading for text.

Complete sentences usually convey thought better than fragmentary expressions. Please respond to all questions; however, if certain questions are not applicable, clearly indicate this fact. It is preferred that a reason for non-applicability be expressed (but do not delete from Application).

The text should be typed on standard weight 8 1/2" X 11" white paper with title page as shown and pages numbered consecutively. An accountability page should follow the title page bearing the names and signatures of those responsible for preparing the report, and identifying all participants. This should be followed by a well organized, easily used, Table of Contents. The report should be securely fastened together, preferably by spiral, stitch or perfect binding. Ring notebooks and loose materials other than catalog-type materials are not desirable. (ACCO #72 Pin Prong Fasteners are acceptable; ACCO spring-loaded push binders are not acceptable.) The report may be reproduced by office copier or any other clear and legible process. Ditto is not acceptable. Carbons and thermo-fax copies are not acceptable unless the copies are very clear.

Exhibits may appear with the narrative, may be concentrated in appendices, or presented both ways. If necessary, they should be attached to standard size pages. Section and Part Tabs that are numbered and color coded are exceptionally helpful, e.g., Curriculum: pink tabs, and Anatomy & Physiology, pink, with "201" superimposed, etc; administrative matters, e.g., green tabs, etc. Cover all matters cited in the *Essentials* and Guidelines but do not include extraneous materials; be sure that all inclusions have central relevance. Please note:

- Reasonable adherence to these specifications is required.
- Vague/evasive responses or improperly bound documents, will result in return of Application.
- Usually, Applications should not exceed 150 pages, including Exhibits/Appendices (but not Catalog). Each of 12 copies must be accompanied by a current Catalog.

Name the document and the institution, with a date, on the front cover of the book.

Twelve complete copies of submitted materials should be mailed to the Department of Allied Health Evaluation, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610. Each of the 12 copies should be serially numbered on the cover in this manner: "Copy No. of 12 copies." Copies are relayed by CAHEA to the Curriculum Review Board. One copy will remain on file in the Executive Office of AAMA in Chicago, and one copy will remain on file at the AMA.

REGARDING PREPARATION

- Spacing: Single space typing for questions/statements from the Application; double space all response narrative; front and back of pages may be used if desired.
- Pagination: Sequential, first to last page, top outer corners.
- Footnotes: Admissible, numbered sequentially within a page, single space.
- Exhibits: Fasten securely to a page; place in pocket on page; etc. (except for large, bound catalog.)
- Margins: Top - 1 inch; bottom - 1 1/2 inch; right - 3/4 inch; left - 1 inch. (Suggestion: have typist use a heavily marked onion-skin margin mask under original sheet; it will show through and "set" the margins.)
- Originals: Inspect for and edit out errors of any kind.
- Delivery: Package 12 copies securely; send by best means to be received by AMA six weeks prior to the next called meeting of the AAMA Curriculum Review Board.
- Re-Evaluation: If your response to this application form represents a periodic re-evaluation of an accredited program, prepare the full Self-analysis document as if the re-evaluation would be an original, first evaluation.
- Evaluators: For the convenience of site evaluators, include information regarding accommodations, travel and the program location.
- Agenda: A proposed, complete, but tentative, on-site evaluation agenda (based on a model provided by AAMA) should accompany the Self-Evaluation document.

CONSULT THE GUIDELINES THROUGHOUT THE PREPARATION OF THE SELF-EVALUATION.

CONSULT THE TASK DESCRIPTOR LIST AND ITS INSTRUCTIONS WHEN DESIGNING, APPRAISING, OR REVISING CURRICULA, EXAMINATIONS AND EXTERNSHIP ACTIVITIES.

(Sample copy for title page)

SELF-EVALUATION REPORT

Data presented for the consideration
of the
Curriculum Review Board
of the
American Association of Medical Assistants

of the
Committee on Allied Health Education and Accreditation
for the
American Medical Association

by

(Name of School)
(Address of School with Zip Code)
(Telephone Number with Area Code)

Date

Copy No. ____ of 12 copies

SELF-EVALUATION ACCOUNTABILITY

PARTICIPANTS (star * Self-Evaluation Committee Members):

(use continuation sheet if necessary)

Name _____ Title _____ Signature _____

Area(s) of participation _____

Name _____ Title _____ Signature _____

Area(s) of participation _____

Name _____ Title _____ Signature _____

Area(s) of participation _____

Name _____ Title _____ Signature _____

Area(s) of participation _____

Name _____ Title _____ Signature _____

Area(s) of participation _____

Name _____ Title _____ Signature _____

Area(s) of participation _____

Name _____ Title _____ Signature _____

Area(s) of participation _____

Name _____ Title _____ Signature _____

Area(s) of participation _____

Name _____ Title _____ Signature _____

Area(s) of participation _____

The above persons have contributed to/reviewed information in this Medical Assistant Program Self-Evaluation Document. The Self-Evaluation Committee's recommendations have been incorporated. This document is presented by:

Sig.: _____ Sig.: _____ Sig.: _____

Name: _____ Name: _____ Name: _____

Title: _____ Title: _____ Title: _____

(Pres., V.P., Dean, etc.)

(Dean, Div. Dir., etc.)

(Program Director
or Coordinator)

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(adhere to Essentials sequence)

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SECTION I.

I. INSTITUTIONAL & PROGRAM INFORMATION

A. Institutional Information

School Name

Address

City, State, Zip Code

Area Code and Telephone Number

To whom should correspondence be directed? Telephone number:

1. Ownership of the institution.
Specify: Public, Private-non-for-profit, or Private-for-profit.
2. Identify the chief administrative officer by name and title:
3. Name(s) of Agency(cies) which have accredited the institution:
4. Dates institutional accreditation granted:
5. Date(s) of last survey(s) for institutional accreditation:
6. Specify school designation: Junior or Community College, Senior College or University, Post-Secondary Vocational/Technical School, Proprietary educational institution, or Military-based school:
7. Certificates/degrees granted.
Specify: AA, AS, BA, BS, MA, MS, and/or Certificates.
8. Identify other health curricula offered in addition to medical assisting program. Describe the inter-relationship among these programs, and their accreditation status.
9. Total enrollment of institution (designate both full and part-time, day and evening).
10. Provide a diagram or organizational chart of the administrative structure of the institution, including the position of the medical assisting curriculum with names and titles of medical assisting staff and faculty.
Specify how curriculum is designated, i.e., course, school, program, department, etc.

11. How often is the Bulletin/Catalog describing the curriculum published? Revised?
12. Identify institutional objectives and philosophy.
13. If proprietary, identify and state responsibilities of corporate officers and key staff; locations of corporate offices, educational branches, key contacts, and telephone numbers.
14. If public, quote charter or applicable portions as appropriate.

B. Program Information

1. Official name of the medical assisting program.
2. Identify by name and title the program director or coordinator.
3. Identify the administrative person by name and title to whom the program director reports.
4. State the history of any accreditation factors pertaining to the medical assisting program.
5. Describe the extent and degree of cooperation between the medical assisting program and:
 - (a) Each other allied health program
 - (b) Each key support service, e.g., Library, A-V, Admissions, Registrar, Counseling, Standing Committees, etc.
 - (c) Comment on the practicality and adequacy of mechanisms involved in such cooperation.
6. State and discuss: Program philosophy, objectives, goals.
7. State the entrance admissions process and requirements for the medical assisting program.
8. Is there an Admissions Committee? Identify members and functions.
9. State the student capacity for medical assisting program.
10. When did your program first enroll medical assisting students?

11. Show the enrollment dates for medical assisting classes.
12. Total current enrollment in medical assisting program (by year if two year).
13. Quote the tuition information for the complete program.
14. Describe stipends/scholarships.
15. Length of program:
Specify in months, or one year, two years, one and two years, other (explain).
16. (Also, state:) Total number of weeks in entire program.
17. Indicate program plan.
Specify: semester, trimester, quarter, other (explain).
18. Indicate length of program in weeks per semester, trimester, quarter, or other.
19. Indicate number of lecture hours per week that are equivalent to number of credit hours.
20. Indicate number of laboratory hours per week that are equivalent to number of credit hours.
21. State number of credits required to complete basis professional program leading to a Certificate or Associate Degree (per semester, trimester, quarter, etc.).
22. Type of certificate or degree granted; when awarded?

SECTION II.

II. STANDARDS OF PROFESSIONAL PRACTICE

- A. Cite documentary evidence, published policy and examples of implementation.
 1. Quote applicable statements from current Brochure/Bulletin/Catalog materials and from recruitment materials.

SECTION III.

III. MEDICAL ASSISTING FACILITIES

- A. General
 1. Floor Space

(a) Include a sketch of the floor plan of facilities used (dimensions in square feet), and give student capacity of each instructional room:

1. Classroom(s).
2. Laboratory(ies).
3. Schedules of usage (including usage by other programs).

2. Clinical Affiliations

- (a) Are all educational experiences (except externship period) given in your facilities? If elsewhere, describe training and supervisory relationships established.
- (b) If outside the institutional facilities, how is systematic curricular coverage accomplished?

B. Laboratory(ies)

1. By course(s), list the major pieces of laboratory equipment in working order as actually utilized by students.
2. List the tests and procedures in your curriculum which students can perform with the institution's equipment and supplies.
3. State any problems in laboratory usage (including usage by other programs).
4. Describe any physical simulations, e.g., physician office? Etc.
5. List and describe reference documents kept in the laboratory(ies).

C. Library and learning resources center. Please limit your discussion to items relevant to medical assisting.

1. List the major reference books and give publication and revision dates.

2. List current periodical subscriptions.
3. Give evidence that sufficient materials are available for use by medical assistant students.
4. Cite evidence that holdings are readily accessible to the faculty and to other students.
5. Does the library maintain a special reference shelf for medical assisting?
6. Upon whose recommendations are holdings expanded for medical assisting education?
7. What has been the annual library expenditure for the medical assistant program during the past three years? What acquisitions have been *requested* this year? List them.
8. What titles have you *acquired* in the past year; titles this year; titles *planned* for next year?
9. Identify, and describe the uses of, any ancillary instructional support services, e.g., learning carrels, study areas, etc.

D. Audio-Visual

1. List major audio-visual equipment and teaching aids in working order and available for classroom use.
2. In what form and location are they available?
3. Does A-V work with the program to produce materials? (Explain.)
4. What requirements are placed on students to use A-V materials?
5. Describe student access to A-V for individual use.
6. Does A-V provide classroom-located audio-tape role-playing services, or other such classroom services?
7. List A-V materials routinely rented or borrowed.

SECTION IV.

- IV. EDUCATIONAL AFFILIATIONS (Supervised learning experiences in Administrative and Clinical medical assisting).

- A. Describe the externship:
 - 1. State the philosophy that structures and guides the externship.
 - 2. Show schedules of assignment and rotation. *
 - 3. Describe the system for selecting affiliation sites and assigning students. Specify the selection criteria.
 - 4. Describe school relationships with externs and supervising medical personnel.
- B. Describe the provisions made for externships in the offices of practicing physicians and other appropriate facilities.
- C. Describe the affiliations with hospital or other institutions/agencies providing supervised practical experience for students.
- D. List the names, addresses and physicians' specialties (or institutional personnel) with whom your students extern.
- E. Cite ways of assuring meaningful learning and adequate spread of experience in clinical and administrative procedures; list Terminal Performance Objectives used.
- F. What data indicate that all students have administrative and clinical experiences under the guidance of a qualified supervisor? (Include several signed evaluation forms.)
- G. Does faculty include an Externship Coordinator? If yes, describe his/her duties and typical schedule of contact. If not, describe how such coordination is accomplished.
- H. Attach the letter and blank form used to establish an affiliation. How are affiliations terminated? For what reasons? Any examples?

SECTION V.

V. FINANCES

- A. Prepare and present in documentation a complete *program budget* (if an accredited program, show budgets for past years up to and including three).
- B. Identify the primary sources of financial support for the curriculum and describe the mechanisms involved.

* Include total number of hours; hours per day; days per week; number of weeks.

- C. Are scholarships and financial aid available to medical assisting students? Through what sources? What percentage of medical assisting students receive such assistance?
- D. Cite tuition charges to students, other fees, other incidentals.
- E. Are salary scales for full-time medical assisting faculty equivalent to those for comparable faculty in the institution?
- F. Submit samples of announcements and advertising used to recruit students in the past year (with respect to financial matters).
- G. Explain any unusual budgetary factors.
- H. Describe the role of the Program Director in budget preparation. Comment on the adequacy of this role.
- I. Identify any special, time-limited funding, such as a grant. Describe its use and how it is to be replaced when terminated.

SECTION VI.

VI. FACULTY

- A. Complete Faculty Form (sample included herewith) for the Program Director, Medical Advisor, and each member of the program instructional staff--omit clerical staff. (Insert Faculty Forms in this place or in an Appendix).
- B. Prepare an alphabetical list of all faculty and visitors participating in the medical assisting curriculum (sample included herewith).
- C. Have guest lecturers been used in the past year? List name, qualifications and topic.
- D. Composition (indicate number of each):
 - 1. Full Time
 - Certified Medical Assistants
 - Non-Certified Medical Assistants
 - Registered Nurses
 - Medical Technologists
 - Other (identify)

2. Part Time

Certified Medical Assistants
 Non-Certified Medical Assistants
 Other (identify)

- E. Is the academic ranking of medical assisting faculty and staff personnel equivalent to those of comparable faculty in the institution?
- F. What provisions are made to insure that the medical assisting faculty have adequate and appropriate training in curriculum design and teaching techniques?
- G. Describe the extent to which medical assisting faculty members participate in departmental, school and university activities. Identify such committees and functions.
- H. What plan does the institution use for faculty development? Cite evidence that this plan is operative.
- I. Describe continuing education opportunities available to medical assisting personnel within the institution. Any tuition exemption? Any limitations? State applicable policies.
- J. Are provisions made for medical assisting faculty and clinical staff to participate in and attend professional meetings?
Describe type and latitude: External local; State; National; International; Special Courses and Institutes.
- K. What limitations are placed on attending professional meetings?
- L. What provisions are made for sabbatical leave?
- M. What is done to evaluate the effectiveness of instruction by individual faculty members, in each of the *Essential* courses?
- N. Do students evaluate faculty? If so, why? If not, why not? What perceived values, if any, are obtained?
- O. Chief Medical Advisor. (Give name, Board Certification, or other pertinent qualifications for service).
 - 1. List duties and responsibilities.
 - 2. How is the Medical Advisor selected?
 - 3. Approximate amount of time devoted to medical assisting program.
- P. List and describe the duties and responsibilities of the Program Director.

Q. Advisory Committee to medical assisting program.

1. What are its functions? Cite ways the Committee has provided assistance to the program director and faculty in developing and evaluating the program.
2. How are the Advisory Committee members selected?
3. List names, addresses, and occupations, of the Advisory Committee or Board; identify the chairman.
4. What specialties are represented? Is the Committee well balanced?
5. How many medical assistants are represented? (Indicate whether they are Certified Medical Assistants, students, graduates, etc.)
6. How often are Advisory Committee meetings held?
7. Are formal Agendas presented and Minutes kept? Include Agendas and Minutes from most recent meetings--three or more.

(Be detailed and current.)

FACULTY FORM

Sample: CURRICULUM VITAE

Name _____

School _____ City, State _____

1. Date of initial employment _____ Full Time _____ Part Time _____

2. Title _____

3. Primary Responsibilities:

4. Other Responsibilities:

5. Education (beyond high school):

School and Address	Dates	Major study area	Certificate/Degree

6. Health-related Work Experience:

For Whom	Dates	Duties

7. Licensure, Certification:

8. Membership in Professional Organizations, Scientific and Scholarly Societies, (Including offices held):

9. Seminars, institutes attended:

10. Special Honors, Publications, Community and/or University Service:

11. Plans for certification/additional education:

PARTICIPANT FACULTY LIST

List alphabetically all faculty and visitors participating in professional courses within the medical assisting curriculum.

Sample Form:

<u>Name</u>	<u>Academic Rank and Highest Degree</u>	<u>Department Affiliation and Sub-Specialty</u>	<u>Subjects Taught in Medical Assisting Curriculum</u>	<u>Clock Hours Teaching in Medical Assisting per Academic Year</u>
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SECTION VII.

VII. STUDENTS

A. Admission requirements:

1. Explain institutional admission requirement impact upon program.
2. What entrance examinations/procedures are used?
3. What are the requirements for admission into the medical assisting program? Is remedial training offered?
4. What criteria are used in selecting students? How does the school determine whether an applicant is properly qualified to study medical assisting? Who determines this selection? Cite evidence that the admission requirements are being met.
5. What typing proficiency is required upon entry to the program, and how is it determined?
6. Describe relationships with high schools and adult education programs in regard to recruitment.
7. What provisions are made for transfer students?

B. Health

1. What health examinations are required of applicants?
2. Where are health records stored?
3. Attach a copy of health record form as an exhibit.

C. Describe the current maximum class capacity of the program *in relation to student needs.*

D. Student services

1. *List* which of the following services and/or resources are available to medical assisting students:
Medical
Dental
Financial
Counseling (including testing and evaluation, personal, didactic, career)
Library
Professional job-placement service
Other
2. Discuss the counseling services available to your students (areas of assistance and availability).
3. How are counselors and advisors made knowledgeable of the nature and scope of a medical assisting career, and the institutional resources available to students?
4. Is there a policy and procedure regarding slow learners?
5. Describe your placement service. What records are readily available to placement officers? Has a recent Need Survey been conducted? Describe results or plans.
6. Are your students encouraged to affiliate with/participate in professional organizations? Identify such organizations; how many students affiliate/participate?
7. Account for your graduates by filling in the following form:

	Last 12 Mos.	Preceding 12 months	Total
(a) <u>Number of graduates</u>			
(b) <u>Number desiring work as medical assistants</u>			
(c) <u>Within six months of graduation:</u>			
(1) <u>No. placed by direct assistance from school</u>			
(2) <u>No. who went to work as medical assistants</u>			
(3) <u>No. who took other health related jobs</u>			
(4) <u>No. who took other types of work</u>			
(5) <u>No. who went on to further education</u>			
(6) <u>No. unemployed</u>			
(7) <u>No. unaccounted for</u>			

10. How can this placement record be improved?

D. Student success:

1. Cite evidence that your graduates are well prepared for medical assisting work. (Passage of Certified Medical Assistant (CMA) examination, success on the job, stability in employment, job satisfaction, etc.). Can this be improved? How?
2. Cite ways which verify that students are cognizant of competencies and criteria needed for achieving program objectives.

E. Evaluation by students and graduates:

1. How do students participate in the evaluation of the medical assisting program? Does a student serve on the Advisory Committee?
2. What major concerns have been expressed by students in the past two years, and in what way have these concerns influenced the educational program development?
3. How do graduates participate in the evaluation of their training?
4. Cite instances where recommendations of graduates might contribute to a better program.

F. Dropouts and completions:

1. Using the following kind of illustration, draw up a Table to include the indicated elements.

If the program admits one class per year, indicate completion date.

If the program admits more than one class per year, provide statistics for one class for each of the last three years. Statistics must be given for classes that started the same month of each year (e.g., the ones which started in September 1974, September 1975, and September 1976).

ADMISSION - TRANSFER - DROPOUT	Last year	1 year ago	2 years ago
(a) Number of new students admitted.			
(b) Number dropped or transferred in first week.			
(c) Number dropped or transferred after first week through sixth week.			
(d) Number dropped or transferred after sixth week.			
(e) Number failing work.			
(f) Number for behavioral reasons			
(g) Number dropped for other reasons			

2. List the major reasons for student discontinuation.
3. Analyze the reasons and suggest ways for improving the situation.

SECTION VIII.

VIII. RECORDS

- A. Stored records: Where are each of the following items kept for inspection?

1. Transcripts of high school graduation and college credits.
 2. Records of medical examinations and health.
 3. Educational records of class and laboratory participation and accomplishments.
 4. Attendance records.
 5. Copies of practical and written examinations.
 6. Complete curriculum.
 7. Course outlines, class schedules, directed experience schedules, and teaching plans.
 8. Records of externship with dates and locations.
 9. Evaluations of externship experience.
 10. Processing results of radiation badges worn by students where radiation may be experienced.
- B. What analysis and evaluations are made of your practical and written examinations?
- C. What grading scales are used?

SECTION IX.

IX. CURRICULUM

For each required course please prepare a *detailed course outline** (as many pages as necessary) including the following information:

- A. Course title (catalog number, credit hours, and clock hours).
- B. Course description.
- C. Prerequisites.
- D. Instructor(s) by curriculum assignment.
- E. Required texts (list authors and current revision date) and references.

* Supplemental materials (such as daily lesson plans, study material, student hand-outs) are not to be included in this Application, but will be reviewed on-site.

- F. Equipment/materials used in teaching.
- G. Grading criteria.
- H. Cite Terminal Performance Objectives for each curriculum component (be specific). How used?
Cite Learning Objectives and Proficiency Objectives.
How used?
- I. Provide a sample of an examination for each:
a basic course, a clinical course, and an administrative course.
- J. How are desired attitudinal factors taught?
- K. How is good balance achieved for Administrative and Clinical training?
- L. Complete the following Table and indicate number of clock hours in each subject.

* Or cite plans for developing these Objectives. See *Task Descriptor Profile for Medical Assisting* (AAMA source), and the *Guidelines*.

MEDICAL ASSISTANT SUBJECTS	Classroom	Laboratory	Independent Study or Project	Total
1. Anatomy and Physiology				
2. Medical Terminology				
3. Medical Law and Ethics				
4. Psychology				
5. Communications (Oral and Written)				
6. Medical Assisting Administrative Procedures				
7. Bookkeeping, Accounting and Insurance				
8. Medical Assisting Clinical Procedures				
9. Elective and Liberal Arts Courses				
10. Externship	Administrative		Clinical	Total
Grand Total:				

SECTION X.

X. STATUS REPORTS (policy/action statements):

- A. Describe the procedure for responding to the Annual Report form provided by AMA.
- B. Describe the procedure for notification of changes of key personnel.
- C. Describe the means by which significant curriculum change is accomplished, and the process of notification.

(NOTE: Include evidence of any instances in the last three years for either B or C).

SUMMARY

IDENTIFIED IMPROVEMENTS TO BE MADE

- A. As a result of your self-analysis, what do you judge to be the *strengths* and *concerns* for each of the following areas:
1. Admission criteria and processes.
 2. Curriculum.
 3. Instructional methods, technologies.
 4. Faculty.
 5. Externship.
 6. Facilities, equipment.
 7. Administration.
 8. Advisory Committee functions.
 9. Other. (E.g., Finances, etc.)
- B. What improvements in any of the above mentioned categories have you made or do you plan to make in the foreseeable future?
- C. Are budgetary allocations made for expansion, revision, or renovation?
- D. What are your persistent problems and what theories have you about their solution?
- E. Cite activities of the administration and/or faculty relative to revision or updating of medical assisting curriculum and facilities.
- F. What information can you supply that indicates that the institution has given serious consideration to the recommendations of faculty members for improving physical facilities and other supporting resources, and faculty?
- G. What additional information can you supply to give a more complete and accurate picture of your program?

APPENDICES

A.

B.

C.

(Etc.)

(NOTE: Same sequence as Table of Contents).

American Medical Record Association
875 North Michigan Avenue -- Suite 1850
Chicago, Illinois 60611

**REPORT OF SITE VISIT
EDUCATIONAL PROGRAM FOR MEDICAL RECORD ADMINISTRATORS/TECHNICIANS**

Date of Survey Visit:

Names of Survey Team Members:

I. ORGANIZATION AND ADMINISTRATION

A. Sponsoring Educational Institution

Name:

Address:

Accreditation Status:

Year Surveyed:

Accrediting Agency:

B. Educational Program

Name:

School, College, or Division:

Accreditation Status:

Year Surveyed:

- C. Clinical Facilities:** List names of each clinical facility visited during the survey and names and titles of persons interviewed. (Scheduled only at request of AMA-AMRA accreditation survey team or the sponsoring educational institution.)

- D. **Financial Support:** Comment on the adequacy of the financial support of the medical record administration or medical record technician program, as an ongoing program of the educational institution. Note involvement of program director in development of program budget.

- E. **Program Director and Advisory Committee:** Comment on the qualifications of the program director, academic rank and length of appointment (10 mos., 12 mos., etc.). Record the team's assessment of the general effectiveness of the organization and administration of the program. Note the administrative location of the program, and any strengths or weaknesses here.

Is there appropriate participation by program director and faculty in the decision making and governance of the educational institution? List the official committees on which the program faculty hold appointments, etc:

Comment on effectiveness of advisory committee and appropriateness of composition.

- F. **College Catalog:** Comment on accuracy and completeness of information about the medical record program which appears in the latest edition of the college catalog. Comment on accuracy of statements re: accreditation status.

- G. **Student Selection:** Comment on appropriateness of criteria used for student selection, and the adequacy of the process used to select and admit students to the medical record program.

- H. **Student Records:** Comment on the adequacy of records maintained for students in the program, particularly records of class participation, achievement of performance objectives, including evaluations of the quality of students' performance in clinical practice.
- I. **Course Outlines, Schedules and Teaching Plans:** Comment on their availability, accuracy and usefulness for both faculty members and students. Are specific objectives provided for each course? Comment on effectiveness of methods of evaluation used. Do the course outlines reflect current changes in the field of medical records?

II. SERVICES AND FACILITIES

- J. **Student Health Services:** Comment on adequacy of services available to medical record students during didactic and clinical portions of the educational program.
- K. **Counseling Services:** Comment on their adequacy - both for prospective students and for those enrolled in the medical record program.
- L. **Library Facilities:** Comment on adequacy of library holdings for the medical record program, for all of the professional courses, in relation to student and faculty needs and efficiency and effectiveness of procedures for ordering necessary texts and references for the program.

- M. **Facilities:** Comment on the adequacy of the physical facilities provided for the medical record program's classrooms, medical record practice laboratory, administrative and faculty offices.

Are adequate and appropriate space, equipment, instructional materials and supplies provided for the number of students in the program?

N-O. **Clinical Practice Sites:** Comment on the criteria used for selecting clinical practice sites for the medical record program for institutions providing initial directed practice, and in medical record administration programs those which provide the management affiliation.

Comment on criteria used for selection of clinical practice supervisors and their faculty status.

Comment on adequacy of learning experiences provided in the clinical sites and effectiveness of coordination of these activities.

III. FACULTY

Instructional Staff: Comment on their qualifications for teaching subjects assigned. Comment on methods used to assure appropriate contributions of specialists in subject areas within the medical record administration curriculum, such as medicine, law, hospital and health care administration, management and computer science.

Comment on the faculty/student ratio for the didactic and clinical portions of the curriculum. Compare faculty/student ratios for the institution as a whole and the health sciences programs.

Discuss the effectiveness of the methods used to provide a planned program of continuing education for faculty.

IV. EDUCATIONAL PROGRAM

Comment on the balance between the general education and professional education components of the curriculum, taking into consideration the basic science and other requirements specified in the Essentials. In medical record administration programs does the pre-professional curriculum adequately prepare students for professional level courses?

Professional Curriculum: Comment on logical sequential design of curriculum. Comment on subject matter areas which may be inadequately covered in the curriculum. Comment on the extent to which "shared" courses meet the needs of medical record students. Describe methods used to update curriculum, and comment on their adequacy in providing instruction that is current and relevant to the education of medical record administrators or technicians.

V. SUMMARY AND CONCLUSIONS

Program Strengths:

Recommendations necessitating action:

Suggestions for improvement:

Survey Team Recommendations:

On the basis of the on-site survey of the educational program, study of materials submitted by the school which describe the medical record program, and interviews with administrative officials, faculty and students, (see attached Form A for the list of those interviewed) the survey team judges that the Medical Record Administration/Technician program at the

_____ baccalaureate level _____ associate degree level
 _____ post-baccalaureate _____ post high-school
 _____ certificate level _____ certificate level

sponsored by _____

_____ is in substantial compliance
 _____ is not in substantial compliance

with the Essentials of an Accredited Educational Program for the Medical Record Administrator/Technician.

Therefore, the team will recommend to the AMRA Education and Registration Committee and to the AMA Council on Medical Education the following:

I. ACCREDITATION

_____ PROVISIONAL ACCREDITATION
 _____ ACCREDITATION
 _____ ACCREDITATION WITH QUALIFICATIONS
 _____ PROBATIONARY ACCREDITATION

II. NON-ACCREDITATION

_____ ACCREDITATION WITHHELD
 _____ ACCREDITATION WITHDRAWN

Progress Report: A progress report is requested, relative to the specific recommendations and suggestions in the survey report, and should be submitted to the AMA Council on Medical Education, with a copy to the AMRA Education and Registration Committee within _____.

A resurvey of the program for continued accreditation should be conducted in _____ years.

SURVEY TEAM REPORT PREPARED AND SUBMITTED BY:

Date _____

FORM A

List the names and titles of individuals with whom the survey team met during the site survey of the medical record program.

Note: Place an X beside the name of each person who attended the final conference during which an oral report of findings and recommendations was made.

Administrative Officers:

Support Services Representatives:

Program Director:

Instructional Faculty: (RRAs)

Instructional Faculty: (non-RRAs)

Advisory Committee:

Clinical Supervisors:

Students enrolled in an early phase of the program:

Students enrolled in the final year of the program:

Recent graduates of the program:

CLASSIFICATION OF ACCREDITATION ACTIONS

The following categories of accreditation or non-accreditation are used by the various review committees in recommending to the CAHEA an appropriate action, based on the Review Committee's evaluation of the extent to which an educational program complies with the *Essentials* for accreditation. In reaching a conclusion about the degree to which compliance with an *Essential* is demonstrated, the professional judgment of qualified evaluators is paramount. Not all categories of accreditation need to be used by all Review Committees, but none may be added without the approval of the CAHEA. A program becomes eligible for on-site evaluation when planning is substantially complete and the program is in operation.

1. Accreditation

A student successfully completing a program granted any of the following categories of accreditation is regarded as a graduate of an AMA-accredited program.

a. Provisional Accreditation

The program is in operation, but the first class has not graduated. Review of the application for accreditation of a new program and the report of the initial on-site evaluation by a visiting team indicate that the program, when fully operational, can be expected to be in substantial compliance with the *Essentials* (minimum standards for accreditation).

The sponsoring institution is encouraged to continue development of the program. An on-site re-evaluation is conducted when the program is fully operational and at least one class has graduated.

b. *Accreditation*

An on-site evaluation of the program by a visiting team confirms that the applicant is in substantial compliance with all of the *Essentials*. In instances where compliance with an *Essential* is marginal, the concern(s) expressed in the survey team's report shall serve as the basis for requesting the sponsoring institution to resolve apparent problems concerning its compliance.

The sponsoring institution is provided with recommendations regarding marginal compliance with an *Essential* and may be given a specific length of time (usually no more than one year) to provide evidence of being in unquestionable compliance. Periodic progress reports may be required by the Review Committee. An on-site evaluation of the program will be scheduled periodically (three to five-year interval).

This action may also be recommended for a program which has held qualified or probationary accreditation and which has provided adequate evidence of compliance with all of the *Essentials*.

In the event that the Review Committee acquires confirmed information that a program holding this status no longer complies with one or more *Essentials*, the seriousness of the situation shall be judged, and if warranted, a change to qualified or probationary accreditation will be recommended.

c. *Accreditation with Qualifications*

An on-site evaluation of the program or correspondence with official representatives of the institution offering the program, confirms certain shortcomings in compliance with one or more *Essentials* and the deficiencies are believed to be correctable.

The sponsoring institution is provided with a clear statement of each program characteristic which represents a shortcoming in relation to an *Essential*, as well as a qualification to be fulfilled by a specified date (usually no longer than one year) in order to achieve unqualified accreditation. In addition, any program characteristic which is judged to be in marginal compliance with an *Essential* is identified and a specific recommendation provided for improving this area.

A progress report is mandatory. The progress report will provide information on what has been accomplished to meet the qualification(s) imposed earlier and to address any additional areas of marginal compliance. In some instances it may be appropriate to require periodic progress reports dealing with selected qualification.

Provision of satisfactory evidence that a specific qualification has been fulfilled will result in a recommendation by the Review Committee that the qualification to accreditation be removed. Thus, it is appropriate for the original recommendation to the CAHEA to specify the number and identity of each qualification and for subsequent recommendations to specify which qualifications are being considered.

Failure to remove the qualifications by providing evidence of substantial compliance with the *Essentials* within the specified period will normally result in a change to probationary accreditation. An on-site evaluation by one or more representatives of the accrediting agency may be used to establish the facts, but this is not necessary if the facts are not in dispute.

d. *Probationary Accreditation*

The program is presently accredited. Evidence is available to verify

the existence of program characteristics which represent failure to be in substantial compliance with the *Essentials* and which threaten the capability of the program to provide the acceptable educational experience for its students. An on-site assessment of conditions by a visiting team usually produces the necessary evidence; however, an on-site review is not required for this action to be recommended if the facts are not in dispute.

The sponsoring institution is provided with a clear statement of each program characteristic which demonstrates inadequate compliance with an *Essential*, as well as with specific guidance regarding possible means of fulfilling the requirements, and a deadline for demonstrating substantial compliance with the *Essentials*. The Letter of Notification of action by the CAHEA to place the program on probation is sent by Registered Mail, return receipt requested, and the chief administrative officer of the institution offering the program is advised to notify all students enrolled in the program, and those seeking admission, that future accreditation is in jeopardy. Program officials will also be asked to consider the advisability of suspending admission to the program until the deficiencies are corrected.

The Review Committee may require periodic progress reports. An on-site evaluation of the situation by experienced representatives of the accrediting agency is usually conducted before removal of probationary status may be considered. A probationary period should not be permitted to extend beyond two years. Failure to show evidence of complying with the *Essentials* within the specified period will normally result in withdrawal of accreditation.

2. *Non-Accreditation*

a. *Accreditation Withheld*

This recommendation concerns a new program. Information contained in the application or the report of the visiting team indicates that the program, as currently planned or conducted, does not fulfill several major requirements specified in the *Essentials* and the deficiencies are not easily corrected.

This recommendation is made when the Review Committee judges that the program characteristics which fail to comply with *Essentials* are vital to the success of the program in offering acceptable learning experiences to students and that the program will be unable to fulfill the requirements within the immediate future. The sponsoring institution is provided with a clear statement of each program characteristic which demonstrates inadequate compliance with an *Essential*, as well as with specific guidance regarding possible means of fulfilling the requirements. The Letter of Notification of action by the CAHEA is sent by Registered Mail, return receipt requested. The sponsoring institution is advised of appeal procedures. The sponsoring institution may appeal, in writing, through established channels or may re-apply for accreditation as a new applicant at a later date.

b. *Accreditation Withdrawn*

(1) *At Request of Institution*

The sponsoring institution and affiliates are advised that, as they have requested, the name of the program has been removed from the list of accredited programs. The sponsoring institution is informed that

any reactivation of the program will be treated as a new program for purposes of accreditation.

(2) Failure to Comply with *Essentials*

The sponsoring institution fails to show evidence of substantial compliance with the *Essentials* within the specified probationary period.

This recommendation is made when it is determined that all other possibilities have been exhausted and no other alternative is feasible. Notification of action by the CAHEA is sent by Registered Mail. The sponsoring institution may appeal, in writing, through established channels or may re-apply for accreditation as a new applicant at a later date.

A student enrolled in the program when the institution offering the program is notified that accreditation has been withdrawn will be permitted to complete the program on the usual schedule and will be considered as a graduate of an AMA-accredited program.

(Adopted by the AMA Council on Medical Education 11/29/75 as a working document, subject to continuing review and future revision.)

Appendix 12

PROCEDURES FOR RECONSIDERATION OF ADVERSE
ACCREDITATION DECISIONS
concerning
Allied Health Educational Programs

ACCREDITATION PROCEDURE

In the process of providing an umbrella structure for coordinating, improving, and developing a coherent system for accreditation of educational programs for selected allied health occupational titles, the Committee on Allied Health Education and Accreditation collaborates with national medical specialty and allied health professional societies. The collaborating organizations sponsor review committees, comprised of persons with expertise in the particular occupational area, which review educational programs and make recommendations concerning accreditation to the Committee. As the coordinating body for these activities, the Committee accredits the educational programs.

The initial evaluation of an educational program is made only after the chief executive officer of the institution offering the program applies for accreditation of the program; re-evaluation of an accredited program is conducted at regular intervals thereafter, or for cause. The Committee requires, as an integral part of its accrediting process, program self-analysis and an on-site review by a visiting team. Only those programs which demonstrate substantial compliance with the published *Essentials* can be granted accreditation. The Committee periodically reviews its own policies and procedures, as well as those of the review committees, to ensure that policies and procedures are fairly applied and that the evaluation of each program is conducted and

decisions rendered under conditions that assure an impartial and objective judgment of compliance with the *Essentials*.

At the completion of the on-site evaluation, the visiting team holds a summation conference with the chief executive officer of the institution, or a representative of the chief executive officer, and the director of educational program being reviewed. Other administrative officers, faculty and students may be present at the invitation of the chief executive officer or his representative. At this time, the visiting team presents its findings for discussion and clarification with full opportunity for exchange of additional information in rebuttal to any adverse findings noted.

As a result of the evaluation visit, a written report is provided to the program. This report contains comments on areas of strength, areas needing improvement. Specific areas, where the program may not be in compliance with the *Essentials* are also cited.

The chief executive officer of the institution and the director of the program are offered an opportunity to comment on the written report and to file supplementary materials pertinent to the facts and conclusions in the written report before the review committee formulates its recommendations concerning accreditation. The review committee studies the report and recommendations of the visiting team together with any additional information which may have been submitted by the institution.

The recommendation of the review committee to the Committee is based upon careful consideration of whether or not the program is in substantial compliance with the *Essentials* applicable to that particular

program. If the Committee does not accept the recommendation of the review committee the matter is remanded to the review committee, with appropriate advisory instructions, for reconsideration.

Any recommendation of the review committee to accredit a program is submitted to the Committee for accreditation action.

A decision of the Committee to grant accreditation after a full review of the recommendations of the review committee shall be final.

Any recommendation of the review committee to withhold or withdraw accreditation is submitted to the Committee for action. If the decision of Committee is to withhold or withdraw accreditation the institution shall be notified promptly by registered mail. Such notification shall include the basis for the action and the procedure to request an interview. A decision of Committee to withhold or withdraw accreditation is final in the absence of a request for reconsideration.

PROCEDURE FOR RECONSIDERATION

If the Committee withholds or withdraws accreditation of a program, the chief executive officer of the institution offering the program may request an interview with representatives of the review committee which initiated the recommendation in order to exchange information and further clarify the findings pertinent to the decision of the Committee. If the institution's written request for such an interview, containing a concise statement of the reasons for contesting the accreditation decision, is not received within 30 days following the mailing of such notification, the decision of the Committee to withhold or withdraw accreditation shall be final.

The action of the Committee shall be based on evidence presented relative to conditions existing at the time of the latest on-site review by a visiting team representing the accreditation body. The interview requested by the institution shall be held as soon as practicable following the receipt of such written request. At least 20 days prior to the interview the institution shall be notified by registered mail of the time and place of the interview. The institution shall be provided with a copy of the evaluation report and any other supplemental material or information received from any source which contributed to the decision to withhold or withdraw accreditation of the program. The review committee shall issue its recommendations within 30 days following the interview.

If, on the basis of this interview the review committee recommends that the decision of the Committee should be altered, this recommendation with supporting materials shall be promptly forwarded to the Committee for reconsideration. Such reconsideration shall occur as soon as practicable following the referral. Any recommendations of the Committee to accredit the program shall be final.

If, on the basis of this interview, the review committee recommends that the decision of the Committee should be sustained, this recommendation, with supporting materials, shall be promptly forwarded to the Committee for reconsideration. Such reconsideration shall occur as soon as practicable following the referral. Action by the Committee to sustain its earlier decision to withhold or withdraw accreditation shall be final in the absence of appeal. The institution shall be notified promptly by registered mail of the action of the Committee,

the basis for it, and the procedure for filing an appeal.

The institution's written request must contain a concise statement of the basis for contesting the accreditation decision following reconsideration. Appeals may be based only on the grounds that the Committee decision was 1) arbitrary, capricious or otherwise not in accordance with the accreditation standards and procedures of the CAHEA, or, 2) not supported by substantial evidence. If the institution's written request for such a hearing is not received within 30 days following the mailing of such notification to it, the decision of the Committee to withhold or withdraw accreditation shall be final.

Under extraordinary circumstances, with the mutual consent of the institution and the Committee or review committee as appropriate, the time limits specified above may be extended.